

**Media
Equipment
Liability**



UNIVERSITY OF COLORADO
AT COLORADO SPRINGS

Requester (print) _____

Department _____ Phone _____

The following student(s) may check out media equipment for me. They must present a current UCCS identification card.

Name	Student ID Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*By signing below, I assume responsibility for any loss or damage to media equipment while checked out to any student above. **The equipment must be reserved by me before it will be checked out to a student.** This form is valid for a year from the date signed.*

Signature _____ Date _____

Return this form to the IT Help Desk (El Pomar Center, first floor) or fax to 255-3592 (Attn: Chris Wiggins). You will be notified by phone when the duplication is completed.

IT Department Use ONLY Received _____
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