

REQUEST FORM FOR COMMUNICATION ARTS AUDIO VISUAL EQUIPMENT

Date request is submitted: ___ / ___ / ___

Requesting Instructor: _____

Course Name _____ **Course #** _____

Please check the following items needed:

___ **Overhead Transparency Projector**

___ **Carousel Slide Projector**

 ___ **Carousel Slide Tray**

___ **Screen**

___ **AV Transport Cart**

___ **Portable LCD Video Projector**

___ **CD/Audio Cassette Player (Boom Box) - for play back**

___ **Laptop**

___ **VCR/Monitor**

___ **Other Equipment:** _____

Please identify the person for pick up and drop off of equipment if you do not wish to do so yourself.

DAY OF WEEK	DATES NEEDED	CLASSROOM	ACTUAL CLASS PERIOD	
			FROM	TO