

JMC Extended Checkout/Special Request Form

*This form is for special equipment checkout requests that go beyond the normal 24-hour period.

*This request/approval gives priority but is only upheld if equipment is available.

*Extended checkouts are granted on a first come, first serve basis and CANNOT exceed 2 weeks.

*** Student requesting extended checkout:**

Name: _____ Phone: _____

ID Number: _____ Email: _____

*** Name of JMC Fee based Class and Instructor student is enrolled in:**

Class: _____ Instructor: _____

*** Dates of extended check out: (list date and time):**

Date of check out: _____ Date of return: _____

*** Please describe the class assignment and specific use of the equipment:**

*** List the specific equipment requested:**

*** Instructor Information - JMC Approving Faculty Member Information**

**It is understood that if the student does not return the equipment at the agreed upon time, the JMC INSTRUCTOR will be contacted to assist in the retrieval of the equipment.*

Name: _____

Instructor signature: _____ Date: _____

*** Student Signature and agreement statement:** *I understand and agree that my student account will be charged for replacing damaged or lost equipment and that late returns will be reported to my instructor to be considered as part of my assignment grade.*

Student signature: _____ Date: _____

EQP Room Staff Signature: _____ Date: _____