

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 1 week.
* Student requesting extended cl	heckout:
Name:	Phone:
ID Number:	Email:
* Name of JMC Fee based <u>Class</u> an	nd <u>Instructor</u> student is enrolled in:
Class:	Instructor:
* Dates of extended check out: (li	ist date and time):
Date of check out:	Date of return:
* Please describe the class assign	nment and specific use of the equipment:
* List the specific equipment req	uested <u>:</u>
* Instructor Information - JMC Ap	pproving Faculty Member Information
	t does not return the equipment at the agreed upon time, contacted to assist in the retrieval of the equipment.
Name:	
Instructor signature:	Date:
student account will be charged fo	ment statement: I understand and agree that my or replacing damaged or lost equipment and that late ructor to be considered as part of my assignment grade.
Student signature:	Date:
EQP Room Staff Signature:	Date: