

Faculty Equipment Release Form

Equipment List:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The following student has my permission to check out the above equipment. I realize that I accept responsibility for the equipment and/or materials and accessories listed above. I understand that in the event of LOSS OR DAMAGE, liability rests with me and/or my department. I will be held responsible for the cost of replacement or repair.

Faculty/Staff Signature: _____ Date: _____

Faculty/Staff Name: _____

Phone: _____

Office location: _____

Student Signature: _____ Date: _____

Student Name: _____

Phone: _____