Media Commons Equipment Sign-out

Name _____ PSU ID Number: _____

☐ Faculty ☐ Staff ☐ Student

Address: _____ Phone: _____

_____

_____

Equipment Requested

_____ _____

_____ _____

_____ _____

Date Checked-Out: _____ Date Due Back: _____

Date Checked-In: _____

By signing, I accept full responsibility for the listed equipment. Further, I agree that upon return of the aforementioned equipment, an individual from IT Department will conduct a complete inspection of all equipment. If there is any lost or damaged equipment, I agree to pay full restitution of the item(s). In addition, if I failed to return the equipment on time, I am fully aware that I will be charge up to the full amount of the equipment. I understand that failure to pay restitution for any lost, damaged, or late return of equipment(s) will result in loss of Media Commons privileges and/or hold placed on my registration and grades. Moreover, I agree to return all equipment to Butler Building, Room 116 by the date specified.

Signature: _____ User ID: _____

IT Department Signature: _____ User ID: _____

IT Department
Penn State Hazleton
76 University Drive
Hazleton, PA 18202

Phone: 570-450-3456
Fax: 570-450-3114