

# Library Equipment Use Request Form



2800 Palmyra Road, Hannibal, MO 63401  
Return form to: [library@hlg.edu](mailto:library@hlg.edu)  
573.629.3132 fax: 573.248.0294

Name: (please print) \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Purpose of Equipment - Personal use of library equipment NOT ALLOWED

- Class presentation or project
- Employee use for work related purpose
- HLGU sponsored event
- Off campus group meeting on campus
- Represent HLGU off campus

<b>FOR OFFICE USE</b> Approved: _____ Date: ____/____/____
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Please describe project or event: \_\_\_\_\_

Location equipment will be used: \_\_\_\_\_

Date(s) of requested library equipment use: (Please include approximate time)

Pick-up/Delivery date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Return date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

**CHOOSE ONE:**  Pick-up/Return to Library  Delivery/Pick-up at another location

## Equipment Requested

- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> 35 mm still camera   | <input type="checkbox"/> Digital video camera | <input type="checkbox"/> Presentation remote      | <input type="checkbox"/> Speakers |
| <input type="checkbox"/> Audio-visual stand   | <input type="checkbox"/> Extension cord       | <input type="checkbox"/> Projection screen-Large  | <input type="checkbox"/> Tablet   |
| <input type="checkbox"/> Data projector       | <input type="checkbox"/> Laptop computer      | <input type="checkbox"/> Projection screen-tripod | <input type="checkbox"/> Web cam  |
| <input type="checkbox"/> Digital camera still | <input type="checkbox"/> Overhead projector   | <input type="checkbox"/> Slide projector          |                                   |

Other: \_\_\_\_\_

*I agree to return this equipment back on time and in good repair. I realize that if I do not return library equipment, I will be charged the full replacement cost plus a handling fee. I further agree to report any problems or malfunctions of this equipment incurred during my use.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you picking up for another person or group?  Yes  No

If yes, for whom? \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_