

Library Equipment Use Request Form



Hannibal-LaGrange University

2800 Palmyra Road, Hannibal, MO 63401

Return form to: library@hlg.edu

573.629.3132

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

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.

Pick-up & Return to Library

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"/> Tripod |
| <input type="checkbox"/> Digital camera still | <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Slide projector | <input type="checkbox"/> Web cam |

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 mal-functions 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: _____