



SCHOOL OF IMAGE ARTS

Time & Date Received

EXTENDED USE EQUIPMENT REQUEST

(Not available for 1st or 2nd year)

APPROVAL DOES NOT GUARANTEE A RESERVATION
NOR IS IT AN EQUIPMENT CLEARANCE FORM

Name:

Program:

Year:

Email:

Phone:

Equipment:

Pick-Up Date and Time Requested:

Return Date and Time Requested:

Justification:

(Must be curricular based)

ALL SIGNATURES ARE REQUIRED

BEFORE APPROVAL IS GRANTED

Production Instructor Signature

Instructor Name

Technical Operations Signature

Time & Date Approved