



Dean of Students Office
Technology Request Form

Name

Staff ID/PLID Number

Affiliated Office

Date Equipment is to be Used

Equipment Being Requested

Location for Setup (only if needed)

I certify that the equipment is in good working order upon my inspection and will be returned back in the same condition. I understand that I am responsible for all equipment that is checked out. I also acknowledge that it is my responsibility to return any checked out equipment by the due date specified. If I am unable to return the equipment on time I will notify in writing the reason why.

Staff Signature

Form needs to be completed 48 hours in advance and returned to Laramie at laramie@txstate.edu