

Dean of Students Office

Technology Request Form

Affiliated Office Date Equipment is to be Used Equipment Being Requested Location for Setup (only if needed) rtify that the equipment is in good working order upon my inspection and will be returned back	Staff ID/	PLID Number					
Equipment Being Requested Location for Setup (only if needed)	Affiliated	l Office					_
Location for Setup (only if needed)	Date Equ	ipment is to be Use	d				
	Equipme	nt Being Requested					
	Lasation	for Catura (and the					
rtify that the equipment is in good working order upon my inspection and will be returned back	Location	Tor Setup (only II ne	<u>eaea)</u>				7
tify that the equipment is in good working order upon my inspection and will be returned back							
same condition. I understand that I am responsible for all equipment that is checked out. I also nowledge that it is my responsibility to return any checked out equipment by the due date spec im unable to return the equipment on time I will notify in writing the reason why.	same cond nowledge t	lition. I understand that hat it is my responsibilit	I am respon y to return a	sible for all e	quipment that out equipmen	at is checked It by the due	out. I also

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