

HONOLULU COMMUNITY COLLEGE LIBRARY
AV EQUIPMENT REQUEST

DATE NEEDED: _____ TIME: _____

INSTRUCTOR: _____ RETURN DATE: _____ TIME: _____

DEPARTMENT: _____ EQUIPMENT LOCATION: _____ PHONE: _____
(BLDG AND ROOM)

EQUIPMENT TO BE BORROWED:

CART: _____

SCREEN/SC: _____

CASSETTE RECORDER/CR: _____

SLIDE PROJECTOR/SL: _____

CD RADIO CASSETTE RECORDER/CDRCR: _____

CAROUSEL TRAY/CT: _____ REMOTE

PROJECTOR 16mm/MP: _____

OVERHEAD PROJECTOR/OH: _____

16mm REEL/R: _____

VIDEOCASSETTE RECORDER/VCR: _____

OTHER: _____

LIBRARY STAFF USE

ISSUED BY: _____

SIGNATURE _____ (BORROWER)

PROCESSED BY: _____

DATE: _____