MDIA Equipment Reservation

Fields in White to be filled out by Student				Fields in Gray to be filled out by Staff					
NAME:				Reserved By:					
Email:				Time Accepted:					
Phone:				Date Accepted:					
PID#:				N .					
D1		- NADIA		Notes:					
	write your class			ango and s	must be seen	firm ad vivi	-b Ctoff Ma	mhan	
Scheu	duled Pick-Up and Return time is subjection Scheduled Scheduled			lange anu			Return		
	Student Pick-Up	Student Return		ъ.	Pick	a-up	Return		
Date:	•			Date:					
Time:				Time:					
			ı						
Quanti	Item(s)			Inve	ntory	Staff	Student	Check	
ty					ber(s)	Confirm	Confirm	In	
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-			-						
Faculty	Annroval Required							_	
Lucuity	ulty Approval Required: Print Faculty Name			Faculty Signature			Relatio	Relationship to Studen	
responsibility equipment re	ned confirms that they have initia y for the equipment received and eceived in the event she/he does he School of Media Arts and Stud	agrees to reimburse, in cash, th not return said equipment in as	e School of N	Media Arts and Stu	dies of Ohio Univers	ity for all repair an	d replacement co	osts of the	
DO NO	T SIGN UNTIL E	QUIPMENT IS RI	ECEIVE	ED					
Student Siano							ianature		