

IN CLASS CHECKOUT FORM
THIS FORM IS ONLY FOR ON CAMPUS USE

PRINT *STUDENT*
 NAME: _____ TRACKER : _____

DATE: _____ TIME OUT: _____ TIME IN: _____

Signature of Instructor _____

Signature of Student: _____

Signature of Lab Tech: _____

**ALL TRACKER NUMBERS MUST BE ON
 THE FORM BEFORE YOU CAN CHECK OUT THE
 EQUIPMENT.**

LIST OF EQUIPMENT	TRACKER #	OUT	IN
TRV 27			
SMALL TRIPODS FOR TRV			
BATTERY FOR TRV			
XLR CABLE			
AUDIO ADAPTORS			
HAND HELD MIC (635)			
LAV			
DSR 200			
BOGAN TRIPOD			
DSR BATTERIES			
BLACK HEAD SET			
RADIO			
DCRHC28 Sony Camera			
BATTERY FOR C28			

DATE RETURNED: _____ **STUDENT:** _____