



Video Request Form

525 Orr Drive | 104 Coleman Library | Tallahassee, FL 32307
 Phone: 850-599-3460 | Fax: 850-599-3385 | Email: oit@fam.u.edu | http://www.famu.edu/it

9 month Faculty 12 Month Faculty Staff

Name: _____

Phone Number: _____ Email: _____

College/ School/ Department: _____

Campus Address: _____

I am going to pick up the equipment myself I am sending a designated student to pick up the equipment

Student's Name: _____

Student's ID Number: _____ Phone Number: _____

Checkout Date: _____ Checkout Time: _____ | Return Date: _____ Return Time: _____

Video Number (FOR OFFICE USE ONLY)	Title

I hereby acknowledge receipt of the above described video(s) and accept full responsibility for it.

Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED UPON RETURN OF EQUIPMENT

I hereby certify that the above described video(s) has been returned to the Office of Instructional Technology and it is in satisfactory condition.

Signature: _____ Date: _____

For Official Use Only:

Approved Not Approved

OIT Signature: _____ Date: _____