

DAILY / OVERNIGHT REQUEST FORM

HUNTER COLLEGE Today's Date: _____
Audio-Visual Services
Room 333 HN Phone # 772-4943 Fax # 772-5626

Instructor (Print) _____

Signature _____

Dept / Course # _____ Ext. _____

Class Event: _____ **Date:** _____

Time Begins: _____ AM _____ PM

Time Ends: _____ AM _____ PM

Room/Bldg: _____

PROJECTORS:

- ___ Overhead Projector
- ___ Slide Projector
- ___ 16 mm Projector
- ___ Opaque Projector
- ___ Screen _____ Laser Pointer

VIDEO PLAYBACK UNITS:

- ___ VHS w/ Large Monitor
- ___ U-Matic w/ Large Monitor
- ___ VHS w/ 19" Monitor
- ___ Laser Disk Player
- ___ DVD Player
- ___ Video Projector
- ___ Remote

COMPUTER SYSTEMS:

- ___ PC computer setup
- ___ MacIntosh computer setup
- ___ Laptop computer
- ___ Data Projector _____ Remote
- ___ LCD Panel/ Overhead Projector

CABLES:

- ___ VGA _____ 1/4 Phone
- ___ BNC _____ Mini
- ___ RCA _____ other
- ___ Extension Cord _____ specify _____

AUDIO:

- ___ Public Address Unit _____ Ensign PA
- ___ Audio Cassette Player
- ___ CD Player
- ___ Phonograph
- ___ Liberty Amp _____ Explorer Amp

VIDEO RECORDING EQUIPMENT:

- ___ VHS Camcorder
- ___ A/C Adapter
- ___ Batteries
- ___ Tripod
- ___ Case
- ___ 10" Monitor
- ___ 19" Monitor

MICROPHONES (Maximum of 2):

- ___ Hand Held
- ___ Lavalier
- ___ Headphones
- ___ Table Stand
- ___ Floor Stand

FILMS / REMARKS:

* All student-organization requests must be picked up and returned. I.D. required.
 * Faculty/ Staff requests must be pickup and returned. We only deliver and pickup for the lecture halls.
 Logged: _____ Ordered: _____ Confirmed: _____ Remarks: _____

OVERNIGHT/WEEKEND: Complete this section if equipment must be held overnight.	
Delivery	Return
Date: _____	Date: _____
Time: _____	Time: _____
Room/Bldg: _____	Room/Bldg: _____
Storage Room/Bldg: _____	
Remarks: _____	
(Storage location must have a double locked door.)	
It is understood that I will assume responsibility for this equipment's condition and safe return.	
Initial Here: _____	