

# EQUIPMENT SIGN-OUT FORM

Office of Student Development

I hereby certify that my name and room number are correct. I understand that by signing out the equipment, I assume responsibility for its condition, and will accept any charges that go towards replacement or repair in the event that the equipment is lost or damaged.

**NOTE: ALL EQUIPMENT MUST BE RETURNED BY 3:00AM.** Residents failing to return equipment by 3:00am will have to wait until the SM Booth opens the following evening to collect their ID cards. No exceptions.

Date Out	Time Out	Resident's Name <i>(please print)</i>	Room Number	Equipment <i>(be specific: vacuum, pool, etc)</i>	Staff Initials	Date In	Time In	Staff Initials