

Daily Media Requests

Program _____ Instructor _____

Room # _____ Date Needed _____ Time _____ to _____ am/pm

Repeat Dates _____

Equipment: _____ Audio recorder _____ Laser Pointer _____ Closed Cicuit
_____ Mic(wireless) _____ Mic(w/stand) _____ Video Camera* _____ Elmo Proj.
_____ Computer _____ Zip Drive _____ LCD _____ VCR _____ Slide Proj.
_____ Overhead Proj. _____ Lg. Monitor w/VCR _____ Sm. TV/VCR Units

Special Instuctions: _____

*With approval of LRC Director.

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Use this form for Duplicated Set-ups
(i.e. same equipment, same days, same time, repeating over the semester)

Program _____ **Instructor** _____

Room # _____ **Day of week** _____ **Time** _____ **to** _____ **am/pm**

Months _____

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