

# GEORGIA SOUTHWESTERN STATE UNIVERSITY

OFFICE OF INFORMATION AND INSTRUCTIONAL TECHNOLOGY

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## SHORT TERM CHECK OUT FORM

Please fill out fields marked with \*.

\*Name

\*Department

\*Phone

\*Date Checked Out

\*Date to return

Signature \_\_\_\_\_

(Note: By my signature, I understand I am the responsible person for this equipment)

Item Released By \_\_\_\_\_

### Items Checked Out

Item*	GSW#	Serial#	Battery Included		
			Yes	No	N/A
			Yes	No	N/A
			Yes	No	N/A
			Yes	No	N/A
			Yes	No	N/A

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Date Returned \_\_\_\_\_

Received By \_\_\_\_\_