



*Texas Southern University
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Management Information Systems

EQUIPMENT LOAN-OUT FORM

PLEASE PRINT

Name: _____ Phone #: _____

CHECK ONE

ADMINISTRATION FACULTY STAFF STUDENT

EQUIPMENT MODEL NAME: _____

EQUIPMENT SERIAL NUMBER: _____

EQUIPMENT INVENTORY NUMBER: _____

I understand that this department is not responsible for lost, damaged, or stolen property. I also understand that all equipment loaned from the department must be returned on the date agreed upon.

Signature

Date

OFFICE USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____

COMPLETED BY: _____ DATE COMPLETED: _____

COMMENTS: