

**Western Carolina University
School of Music**

Faculty Use of Inventoried Equipment Off Campus

Equipment Description:	WCU ID #:
Maker:	Maker's Serial #:
Condition:	
Reason for Use of this Equipment Off Campus:	
<i>Equipment is to be returned by:</i>	Returned on:
	Condition:

My signature below indicates that:

- I have checked with all other faculty who have reason to use this equipment to make sure that they do not need it during the time for which I have it signed out.
- I will take full responsibility for this equipment while it is signed out to me.
- I will notify the School of Music office immediately if the equipment is damaged or lost.

Name:	Phone:
Home Address:	Email:
Faculty Signature:	Date:
Department Head Signature:	Date: