



**IT Help Desk
Sonoma State University
Faculty Authorization Slip For Equipment Checkout**

Date: _____

REQUEST THAT _____ be issued
(STUDENT; Please Print)

(Equipment)

for use during the following dates: _____ to _____

I certify that this request is consistent with the intent of the California State University Policy on Student Use of Equipment in that its use is limited to class projects required for credit in this course (_____) which I am presently teaching.

Faculty Name (Please Print)

Faculty Signature

Department

Phone