



Center for Instructional Support Student Authorization

Spring/Fall/SS1/SS2 20__

Kuykendall 103
Phone: 956-8075 FAX: 956-9535

Please print or type

Faculty Name: _____ College & Dep't _____

Course # _____ Office Phone _____ Office Address (Bldg. & Rm.) _____

E-Mail Address _____

I authorize the following **student(s)** [or attached list]: _____

Authorized Dates (check) only one: Entire Semester/Session OR Period from ___/___/___ to ___/___/___

For [check appropriate box(es)]: **Restrictions:** class assignment or departmental/college project

CamCorder: (contact CIS for information about classroom instruction for equipment usage)
(Maximum 1 day or weekend checkout. Renewal subject to equipment availability. RESERVATIONS RECOMMENDED)

Editing Room (1-Hr. Training Required): Estimated Length of Final Program: _____; Due Date: ___/___/___
(Maximum 6 hours per week per student or group. Mon. - Fri. 8:00 a.m. - 4:30 p.m. RESERVATIONS REQUIRED)

Digital Camera: (Max. 1-day checkout. RESERVATIONS RECOMMENDED) Note: Uses PC formatted disks

Cassette Tape Recorder: (Batteries not included.)

Self-Service: ___ Binding, ___ Photocopy Stand (Mon. - Fri. 8:00 a.m. - 4:00 p.m. RESERVATIONS RECOMMENDED)

I accept responsibility for all equipment used by the above named student(s).

Faculty Signature

Date

NOTES: Valid ONLY for equipment and dates entered above. Current UH ID required. Incomplete information may delay authorization. Late returns or "No Shows" invalidate authorization. Faculty authorization includes acceptance of proper use and return of equipment. Students may reserve a CamCorder, a Digital Camera, or a Cassette Recorder in their own names.