



Office of AREAS Communications

*School of Agriculture, Research,
Extension and Applied Sciences*

www.alcorn.edu

MEDIA EQUIPMENT CHECK-OUT FORM

From:

Date:

This is to certify that the equipment listed below that I am using to complete official department business is in my possession.

I assume total responsibility for damage or loss of equipment listed below.

Description of Equipment	Serial Number	Inventory/Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee's Signature

