Spanish Linguistics Lab
Checkout-equipment form

Name __________________________________________ IU ID # _______________________

Email Address _________________________________ Phone _________________________

Equipment Description ________________________________________________________

Serial # _________________________________ Estimated Return date ________________

Statement of liability: You are responsible for the equipment you are checking out and by
signing this form you accept the responsibility to replace the equipment for an equivalent
piece in price and technological features in case of robbery, damage, or loss of such
equipment whether it is the whole device or part of it.

Signature and date of the borrower ________________________________________________

Office use only:
Actual Return date _______________________________