Equipment Check-out Form
Carleton College
Psychology Department

Student Name: ___________________________________________  Class Year: _________

Equipment to be checked out: ___________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Reason for Check-out (place check-mark on appropriate line and complete adjacent info.):

   _____  Comps                                        Advisor: _________________________________

   _____  Independent Study                           Supervising Professor: _______________________

   _____  Other                                       Explain: _________________________________

Approved By: _____________________________________________

Check-Out Date: ___________________  Return By Date: _________________

STUDENT AGREEMENT:

I agree that I, (print name) ____________________________, am responsible for the care
and maintenance of the equipment described above for the duration of the time it is in my
possession. Should any damage or malfunction of the above equipment occur while in my
care, I agree to be financially responsible for repair or replacement of the equipment. I also
agree to return the equipment as scheduled, and should I need an extension of the check-
out period I agree to request and gain approval for that extension before the "Return By
Date" listed above.

SIGNED: ___________________________________________  DATE: ________________