



AUDIO VISUAL SUPPORT REQUEST FORM

REQUESTER INFORMATION			
Name:			Date:
Job Title:			Badge No:
Tel:			Pager:
Requester Signature:			
SERVICE REQUEST			
<input type="checkbox"/> Laptop	<input type="checkbox"/> Wireless Presentation Device		
<input type="checkbox"/> LCD Projector	<input type="checkbox"/> DVD Player		
<input type="checkbox"/> LCD Projector (Portable)	<input type="checkbox"/> VCR Player		
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Wireless Presentation Device with Pointer		
<input type="checkbox"/> Wireless Handheld Microphone	<input type="checkbox"/> Wireless Lapel Microphone		
<input type="checkbox"/> Mobile Speaker	<input type="checkbox"/> TV (Television)		
<input type="checkbox"/> Video Camera	<input type="checkbox"/> Document Camera (Auditorium setup only)		
JUSTIFICATION / EXPLANATION			
<input type="checkbox"/> Delivery and Setup		<input type="checkbox"/> Pickup	
AUTHORIZATION			
Assoc. Dean / Dept Head	Signature	Badge No	Date

FOR IT SERVICES DEPARTMENT USE ONLY

MANAGER APPROVAL		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Comments:		
Name:	Date:	Signature
STATUS		
Item Received By	Signature	Date
Item Returned To	Signature	Date

**NOTE: PLEASE FILL THIS FORM AND RETURN TO THE IT SERVICES DEPARTMENT OFFICE
IF YOU HAVE ANY QUESTION PLEASE CONTACT US: 41053**