FSU FILM

SPECIAL EQUIPMENT REQUEST FORM- SPRING 2021

DATE ORDERED	SHOOT DATES	CHECK-IN DATE

RECIPIENTS	PHONE NUMBER
1	
2	
3	
4	

SHOW #	PURPOSE/ PROJECT NAME	FACULTY AUTHORIZATION

ITEM REQUESTED	QTY	LOADED STATUS	CHK-IN CONDITION	STAFF

IF SECOND PAGE IS NEEDED CHECK BOX AND FILL OUT SPECIAL EQUIPMENT ADDENDUM (PAGE 2) ☐

The undersigned Recipient agrees that the special equipment listed above has been issued in good condition, unless otherwise noted. Recipient accepts fiduciary responsibility for damage and/or loss as outlined in the FSU CMPA Student Handbook. The Recipient further agrees to report all known damage immediately to the ER Management as soon as it occurs or is discovered. Failure to report such damage will constitute a serious violation of the CMPA Professionalism Policy and possibly the FSU Student Honor Code.

RECIPIENT'S PRINTED NAME	SIGNATURE

EQUIPMENT ROOM MANAGEMENT	SIGNATURE
David Wiley or John Walker	

EXPENDABLES	CHK	NOTES

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David Wiley or John Walker	