



****Dept Letterhead****

[MM DD, YYYY]

From:

[Jane / John Q. Faculty]
[Department Name]
[Office Telephone #]
[Stonybrook.edu Email Address]

To:

Audio Visual Services
Stony Brook University
104 Javits Lecture Center
Stony Brook, NY 11794-2699

Dear AV Services:

I wish to reserve the following equipment on [date and / or dates] for my class [course code, ex: SBU 101] OR for a specific academic purpose [please state purpose]:

1. [Ex: LCD Projector]
2. [Ex: Laptop Computer – Mac]

My class is held on [class days, ex: Mon & Fri] at [state start and end times, ex: 1:00pm – 2:20pm].

The teaching assistant(s) below are authorized to pick up the equipment:

1. _____ SBU ID# _____
2. _____ SBU ID# _____

Authorized TAs, or any Faculty / Full-Time Staff member, picking up equipment will be accompanied with their valid University Identification Card. I acknowledge that I am responsible for the correct operation of, and the prompt, safe return of all equipment as per Audio Visual Services policies.

Sincerely,

[Signature]

[Name]