

**To: LRC staff  
College of Education  
1301 Stone Building  
Tel: 644-4553**

**Faculty Authorization Form**

I, \_\_\_\_\_  
(name of the COE faculty)

authorize \_\_\_\_\_  
(name of the student)\*\*\*

to check out the LRC equipment for a class project. The following equipment

\_\_\_\_\_  
(please specify what equipment is required)

will be needed from \_\_\_\_\_ to \_\_\_\_\_  
(date to check out) (date to check in)

I understand that all the equipment will be checked out on my name and I am fully responsible for the damage or loss of the equipment. Please contact me if you have any further questions. My telephone number is \_\_\_\_\_. You may also contact me at the following e-mail:

\_\_\_\_\_

Signature of the faculty member: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* Please attach a complete list of student names if more than one student is to check out the equipment from the LRC.