



SOUTHEAST KENTUCKY COMMUNITY & TECHNICAL COLLEGE
LOAN/RENTAL FORM

NAME: _____ TELEPHONE: _____
 ADDRESS: _____ CITY/ZIP _____
 ORGANIZATION _____

EQUIPMENT BORROWED/RENTED:

EQUIPMENT DESCRIPTION	TAG NUMBER	LOCATION FROM:	LOCATION TO:

DATE CHECKED OUT: _____ DATE TO BE RETURNED: _____

BORROWED/RENTED BY: _____ SIGNED OUT BY: _____
 DATE RETURNED: _____ SIGNED IN BY: _____