



# Southeast Kentucky Community and Technical College

## Equipment Loan Record

<b>Name</b> _____	<b>Phone Number</b> _____
<b>Address</b> _____	<b>Fax Number</b> _____
<b>City</b> _____	<b>Contact Name</b> _____
<b>State/Province</b> _____	<b>Zip/Postal Code</b> _____

**Notes:** \_\_\_\_\_

Serial Number	Tag Number	Present Location Campus- Building-Room	Description	Return Date

I hereby acknowledge receipt of the equipment listed above and promise to return it on the date indicated.

I hereby authorize release of the equipment listed above to the borrower.

