

## Instructions for Faculty Authorization Form

- A signed Faculty Authorization Form is required for all students requesting the use of a Media Center LCD projector for course projects.
- This Form is required for each academic course where an LCD Projector is needed and is only valid for the duration of one check out period (24 hour period) with the exception of conference presentations or departmental workshops.
- You must bring the signed Faculty Authorization Form with you when coming to check out an LCD Projector.
- If it is not possible to get the Faculty Signature prior to your check out date, you must provide the signed, completed form to Media Services either before or when you return the equipment. Failure to do so may result in your inability to reserve projectors in the future.
- Authorization can also be emailed from the faculty member's campus email account to [media@valdosta.edu](mailto:media@valdosta.edu). Make sure the email includes: faculty member's first and last name; semester, year, name, and number of course; first and last names of student or students' being authorized to check out equipment. Once completed, this form can also be faxed to (229) 333-5863.

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### MEDIA CENTER'S EQUIPMENT CHECKOUT FACULTY AUTHORIZATION FORM

The undersigned VSU faculty member authorizes the following student enrolled in their course to check out an LCD Projector from the Media Center. The purpose for the projector use fulfills a required academic assignment such as classroom presentation in a classroom where a projector is not installed or off campus conference/workshop.

\_\_\_\_\_  
**Print Faculty Name**

\_\_\_\_\_  
**Faculty Signature**

As Faculty Sponsor, I understand that this equipment is to be used for course projects in:

\_\_\_\_\_  
**Semester and Year**

\_\_\_\_\_  
**Course Name and Number**

The undersigned student agrees to return the above equipment in the same order and condition as when received. If the equipment is damaged or lost while on loan, the student agrees to reimburse Valdosta State University for the costs of repair or replacement with new equipment of the same type.

\_\_\_\_\_  
**Print Student Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student Phone Number**

\_\_\_\_\_  
**College**