UCI Music Department
Instrument/Equipment Checkout

Borrower Information

Name: _____

Phone: _____   Email: _____

Faculty: _____   Staff: _____   Student: _____   Other: _____

Instrument/Equipment Checkout Information

Item(s) Requested: _____

Starting Date/Time: _____

Ending Date/Time: _____

Condition of Item(s):   _____

Academic Information

Academic Purpose: _____

Course Number (if applicable):   _____

Faculty Sponsor (Student Requests):   _____

Faculty Sponsor Signature: _____

Approvals – To be completed by Music Office

Faculty Approval: Music Office has checked with appropriate faculty who may be impacted.

        Approved   Approved – Conditions Apply   Denied

Music Office Approval: _____

Comments: _____

_____

_____

Instrument/Equipment Return Information

Date/Time of Actual Return: _____

Condition of Item(s):   _____

_____