



MEDIA SERVICES

1101 Camden Avenue

Salisbury, MD 21801

410-677-0298

Media Services Request for Use of Facilities and Equipment

Please CLEARLY print in black or blue in ALL fields. Fields without information should be indicated N/A.

Empl ID #: _____ Name (First, Middle Initial, Last) _____

LOCAL/CAMPUS Address: _____

Cell phone number: _____ Office Extension/number: _____

BEST Email: _____

Course # _____ Course Name _____

Project/Course start date: _____ End Date: _____

Description of Equipment/Facilities to be used by students:

Please attach a list of student names and their ID numbers. Please circulate copies of the Application for Use of Facilities and Equipment to your students and return to Cynthia Cornish in Media Services at least ONE WEEK before the start of any projects utilizing Media Services Facilities and/or equipment. Copies of the student Application for Use of Facilities is available at the checkout counter, TE334.