

**LIBERTY CAMPUS
AUDIOVISUAL EQUIPMENT REQUEST FORM**

Name _____ Date _____

Course Name _____ Phone # _____

Equipment Needed

All laptops are part of the STC Wireless Network and are Internet-ready.

Date(s) Needed _____

Time(s) Needed _____

Place Needed (Room Number) _____

Please request all audiovisual equipment 24 hours in advance. This is necessary in order to guarantee prompt delivery.

*NOTE: Audiovisual equipment must be used for Savannah Technical College official use only.

Comments: _____

This copy must remain on file in the media center, Liberty Campus.