

InTech
Media Resources

**Classroom Equipment
Request Form**

- **Use This Form:** For classroom equipment requests only.
- Please submit your request one week or 5 work days in advance.
- Requests for media equipment are subject to availability.

Today's Date:

____ / ____ / ____

Contact Info:

Name: _____

Campus: (circle one) G R TP Phone: _____

Email: _____

Course Number:
(i.e. EN 101)

Equipment
Needed:

- ____ VHS Player w/ Monitor
- ____ DVD Player w/ Monitor
- ____ Multimedia Cart (Laptop, LCD Projector, DVD/VHS Combo Player)
- ____ Slide Projector
- ____ CD / Cassette Combo Deck
- ____ Other _____

Date Needed:
(one date per form)

____ / ____ / ____ (circle day) M T W TH F

Class Time:

From: _____ AM or PM To: _____ AM or PM
(circle one) (circle one)

Room:
(i.e. SA 162)

Special Instruction:

Germantown Campus
016 HS Building
office: 301-353-7861
fax: 301-353-7866

Rockville Campus
05 MT Building
office: 301-251-7148
fax: 301-279-5081

Takoma Park Campus
116 RC Building
office: 301-650-1533
fax: 301-650-1534