# CIDDE CLASSROOM SERVICES
**STUDENT REQUISITION FORM**

**Students:** Please use this form when requesting media equipment and materials. **ALL INFORMATION MUST BE PROVIDED!**

Please forward completed form to: Classroom Services, B-10 Alumni Hall
PHONE: (412) 648-7240

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**Student’s**

<table>
<thead>
<tr>
<th>Name:</th>
<th>____________________________________________________________________</th>
<th>PITT USER NAME: __ __ __ __ __ __ __ __ __ __ __ __ __ __</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>____________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>____________________________________________________________________</td>
<td>State: _________________</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>____________________________________________________________________</td>
<td>E-mail: ____________________________________________________________________</td>
</tr>
</tbody>
</table>

**Instructor/Sponsor’s**

<table>
<thead>
<tr>
<th>Name:</th>
<th>____________________________________________________________________</th>
<th>PITT USER NAME: __ __ __ __ __ __ __ __ __ __ __ __ __ __</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>____________________________________________________________________</td>
<td>Account Number: ____________________________________________________________________</td>
</tr>
<tr>
<td>Campus Address:</td>
<td>____________________________________________________________________</td>
<td>Course (Abbr. &amp; Number): ____________________________________________________________________</td>
</tr>
</tbody>
</table>

As the instructor/sponsor, I understand that while the media and materials listed below are in the possession of the student, I am responsible for the condition and prompt return of the items.

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**Signature:** ____________________________________________________________________

**Phone Number:** ________________

**Date:** ________________

**SERVICE REQUIRED**

Place orders Monday through Friday between 8:30AM and 5:00 PM

1. [ ] Equipment setup in classroom by class time (3 business days notice required, not including weekends and holidays)
   - Date(s) required: ____________________________________________________________________
   - Start: ________________ AM/PM
   - End: ________________ AM/PM
   - Building: ____________________________________________________________________
   - Room: ____________________________________________________________________

2. [ ] Equipment delivered to and picked up from a campus office (1 business day notice required)
   - Delivery date: ____________________________________________________________________
   - Pickup Date: ____________________________________________________________________
   - Building: ____________________________________________________________________
   - Room: ____________________________________________________________________

3. [ ] Equipment may be picked up from and returned to IMS by Patron.
   - Pickup Date: ____________________________________________________________________
   - Return Date: ____________________________________________________________________

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**EQUIPMENT REQUESTED**

- [ ] Keys Room #______
- [ ] Data/Video Projector
- [ ] Overhead Projector
- [ ] Digital Camera
- [ ] Portable PC
- [ ] 16mm Projector
- [ ] VHS Player
- [ ] Portable MAC G3
- [ ] Speakers
- [ ] DVD Player
- [ ] Cassette Player/Recorder
- [ ] Microphone
- [ ] Camcorder
- [ ] Screen
- [ ] Amplifier
- [ ] Tripod
- [ ] Slide Projector
- [ ] Other__________________________