

OSU GSM EQUIPMENT CHECK-OUT FORM

Student Name: CWID#:

Student Email:

If the item is not available, an email will be sent when one becomes available for check-out

Item Checked-out:

GSM Equipment #: Serial #:

Date Check-out: Date Check-in:

I understand that I am responsible for the above item while in my possession and that any damages to that item or if the item is lost will be at my expense. Costs incurred to repair/replace the item will be charged to my Bursar account.

Student Signature: _____