

**St. John's Riverside Hospital
Cochran School of Nursing
Medical Library**

Audio-Visual Request Form

PATRON NAME: _____

DATE: _____

EQUIPMENT REQUESTED:

LOCATION WHERE AV EQUIPMENT WILL BE NEEDED:

EXPECTED PICK-UP DATE _____

EXPECTED DATE OF RETURN TO LIBRARY: _____

TIME SIGNED OUT: _____

TIME SIGNED IN: _____

PATRON'S INITIALS: _____

PLEASE NOTE

We ask that all patrons return audio-visual equipment in the same condition that it was borrowed. The library staff is not responsible for any missing items, and is not responsible for setting up audiovisual equipment for patrons. We ask that all patrons reserve equipment at least one to two days in advance in order to ensure that equipment is available for checkout. If equipment is found to be inoperable, please contact the library staff immediately for repair or replacement.

Thank you in advance for your cooperation.

**St. John's Riverside Hospital/Cochran School of Nursing
Medical Library, 4th Floor
(914) 964-4281/Fax:(914) 964-4971**