EDP Assessment Check-out Form

Student Name: _____ Date:_____

Banner ID:@_____ Student Phone Number: _____

Student E-mail:_____

Course Name: _____ Course Number: _____

Assessment Name(s):_____ Kit #_____ Date Due:_____

Item(s) Checking Out:

Please list the specific assessment materials this student is checking out (be as detailed as possible, including forms, pens, pencils, etc.) Please attach more pages as needed.

_____ _____

Student Signature   Date

For Office Use Only:

____ Form filled out and signed   ____ Item(s) were given to the student in good condition
____ All item(s) in detail   ____ A signed copy of this form was given to the student
____ Availability of item(s) checked   ____Item(s) checked-in on: _____
____ Assessment Contract on file   ____ Damage/Lost Report needed

_____ _____

EDP Staff Signature   Date