

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

___ All item(s) in detail

___ Availability of item(s) checked

___ Assessment Contract on file

___ Item(s) were given to the student in good condition

___ A signed copy of this form was given to the student

___ Item(s) checked-in on: _____

___ Damage/Lost Report needed

EDP Staff Signature

Date