

**WILLIAMS CENTER FOR ORAL HISTORY EQUIPMENT**  
**CHECK OUT FORM**

Borrower's Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address: (H) \_\_\_\_\_ (O) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

(Campus) \_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_ Field Recorder (SN) \_\_\_\_\_ Microphones \_\_\_\_\_ omni  
\_\_\_\_\_ lav.

\_\_\_\_\_ Transcriber

Check out date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Staff member \_\_\_\_\_ Staff member \_\_\_\_\_

By signing below, you are agreeing to return the equipment indicated above by the return date specified. Your signature also indicates that you are accepting full financial responsibility for the safe return of the equipment indicated above. If any piece of the equipment is stolen, please provide the Center with a copy of the police report within 24 hours of the theft. If any piece of equipment is lost, please notify the Center within 24 hours. It is important to notify the Center as soon as possible in order to expedite the restitution process.

Marantz PMD620 MKII	\$430.00
Microphone	\$0.00
Adapter	\$0.00
Cord	\$0.00
<b>Total</b>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please indicate any problems that you encountered with the equipment below and on back if necessary: