

**Media Center
William V. Marshburn Memorial Library**

Test Kit Checkout Authorization Form

Print out and return form to: Cheryl Chesler, Document Delivery Coordinator
Fax (626) 969-6611 or documentdelivery@apu.edu

Faculty Name: _____

Course Dates: _____

Course Name: _____

Course Number and Section: _____

Course Location: _____

Number of Students in Section: _____

Required Test Kit(s): (Library Catalog printout may be attached)

Test kits are checked out for 3 weeks, with one 2-week renewal

I verify that the following students are enrolled in the above course and therefore have permission to checkout the required test kit(s) listed.

Signature of Faculty/Administrator: _____

Please attach a list of all students enrolled in course