Test Kit Checkout Authorization Form

All tests have a loan period of three weeks with 1 two week renewal.

Faculty Name: ______________________________________________________
Course Dates: ______________________________________________________
Course Name: ______________________________________________________
Course Number and Section: _________________________________________
Course Location: ____________________________________________________
Number of Students in Section: _______________________________________
Required Test Kit(s): (APOLIS2-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