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|  | | | | | | | Marquette University | | | | | |  | | |
|  | | | | **Equipment Loan Request Form** | | | | | | | | | | |  |
| **Name:** |  | | | | | | | | | |  | **Date:** | |  | |
| **Student** | | **Faculty/Staff** | | | | **Other** | | |  | | | | **MUID:** |  | |
| **Equipment Requested:** | | | | |  | | | | | | | | | | |
| **Pick-up Date:** | | |  | | | | |  | | **Return Date:** | | |  | | |
| **Intended Use:** | | |  | | | | | | | | | | | | |
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| Office Use Only | | | | | | | | | | | |
| Cost of Replacement: | | | |  | | | | | |  |  |
| Known Issues: | | |  | | | | | | |  |  |
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| Approved | | | | | | | | Denied |  |  |  |
| Amended: | |  | | | | | | | |  |  |
| Staff Name: | |  | | | | | | | |  | *Place ID copy here* |
|  |  | | | |  |  |  | | |  |  |
| Signature Out & Date | | | | | |  | Signature In & Date | | |  |  |
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