

**St. John's Riverside Hospital  
Cochran School of Nursing  
Medical Library**

**Audio-Visual Request Form**

PATRON NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

EQUIPMENT REQUESTED:  
\_\_\_\_\_

LOCATION WHERE AV EQUIPMENT WILL BE NEEDED:  
\_\_\_\_\_

EXPECTED PICK-UP DATE \_\_\_\_\_

EXPECTED DATE OF RETURN TO LIBRARY: \_\_\_\_\_

TIME SIGNED OUT: \_\_\_\_\_

TIME SIGNED IN: \_\_\_\_\_

PATRON'S INITIALS: \_\_\_\_\_

**PLEASE NOTE**

**We ask that all patrons return audio-visual equipment in the same condition that it was borrowed. The library staff is not responsible for any missing items, and is not responsible for setting up audiovisual equipment for patrons. We ask that all patrons reserve equipment at least one to two days in advance in order to ensure that equipment is available for checkout. If equipment is found to be inoperable, please contact the library staff immediately for repair or replacement.**

**Thank you in advance for your cooperation.**

**St. John's Riverside Hospital/Cochran School of Nursing  
Medical Library, 4<sup>th</sup> Floor  
(914) 964-4281/Fax:(914) 964-4971**