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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: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Approved [ ]  | Denied [ ]  |  |  |  |
| Amended: |  |  |  |
| Staff Name: |  |  | *Place ID copy here* |
|  |  |  |  |  |  |  |
| Signature Out & Date |  | Signature In & Date |  |  |
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