

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

Test Kit Checkout Authorization Form

Print out and return form to: Jane Thorndike,
Interlibrary Services Coordinator
Fax 626-969-6611 or illdept@apu.edu

Faculty Name: _____

Course Dates: _____

Course Name: _____

Course Number & Section: _____

Course Location: _____

Number of Students in Section: _____

Required Test Kit(s): [APOLIS2-Library Catalog printout may be attached]

How long test is needed: _____ [1 week, 2 weeks, or other]

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