



## MacBook Checkout Request

***Section to be completed by requesting party and sent to Dean for approval:***

Requesting Faculty:

Date:

Date needed:

Return date:

Purpose:

Deans Approval: \_\_\_\_\_

(Signature)

Please send form to [jccsolutioncenter@jccmi.edu](mailto:jccsolutioncenter@jccmi.edu) once completed and signed.

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***This section is to be filled out by JC Solution Center:***

Date request was received:

MacBook Tag Number:

Date MacBook was returned:

Notes: