

**Media Center**  
**William V. Marshburn Memorial Library**  
**Test Kit Checkout Authorization Form**

Print out and return form to:

Valery Zhakevich, Document Delivery Coordinator  
Marshburn Library

Phone (626) 815-6000 x3276 | Fax (626) 969-6611 | [documentdelivery@apu.edu](mailto:documentdelivery@apu.edu)

Faculty Name: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Number and Section: \_\_\_\_\_

Course Location: \_\_\_\_\_

Number of Students in Section: \_\_\_\_\_

Required Test Kit(s): [Give title and call number; Library Catalog record 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 check out the required test kit(s) listed.

Signature of faculty member/administrator: \_\_\_\_\_

**Please attach a list of all students enrolled in the course. Thank you.**