Part-Time Personnel
LRC Checkout

This form must be completed in order to use the LRC

Name of Instructor (Please Print)

OC ID#

Signature

Address

City, State, Zip Code

Phone#

Semester

Note: THIS FORM MUST BE UPDATED EACH SEMESTER.

Director/Dept. Chair (Please Print)

By signing this form, the director or department chair agrees to be responsible for any lost or damaged materials checked out by their part-time staff if that person does not return materials in good condition or fails to pay for those items.

Director/Dept. Chair Signature

Change of Address:

Address

City, State, Zip Code

Phone#

RENEW EACH SEMESTER