

**TRiO Student Support Services Program
Tape Recorder and Calculator Lending Program
Request Form**

DATE OF REQUEST: _____

STUDENT NAME: _____ E-MAIL: _____

PHONE NUMBER: _____ CELL: _____

EQUIPMENT REQUESTED:

_____ Tape Recorder _____ Regular Calculator

_____ Graphic Calculator

SEMESTER EQUIPMENT REQUESTED: _____

REQUESTED PICKUP DATE: _____

REQUESTED RETURN DATE: _____

COURSE(S) EQUIPMENT REQUESTED FOR: _____

What semester did you enter TRiO SSS Program? _____

Your TRiO SSS Program Advisor (Circle One)

Karhmen Shellie Jeannie Jeff

Return Form to: Illinois Central College
 TRiO Student Support Services Program
 One College Drive, Room L220C
 East Peoria, Illinois 61635-0001

For Office Use Only:

Date form received _____

Received by (Initials) _____

