College of DuPage

Motion Picture/Television

COURSE NAME AND NUMBER			
PROD. #		PRODUCTION TITLE	
Producer		Director	

ART DEPARTMENT
TOOL SIGN OUT

Requested By:	ID #
Position:	Primary Area of Use:
Date of Checkout:	

#	Tool Name/Description	Serial Number	Return Date	Returned

Borrower		Checked Out By	
Production Design Faculty		Date	