



Request for Use of Hearing Testing Equipment

District: _____ Date of Request: _____

Contact person: _____ Phone: _____

Equipment Requested:

<input type="checkbox"/> Multi-headset Portable Audiometer #1 Beltone	<input type="checkbox"/> Multi-headset Portable Audiometer #2 Maico
Date Requested: 1 st choice _____ 2 nd choice _____	Date Requested: 1 st choice _____ 2 nd choice _____
Equipment Picked Up/Returned by: Name: _____ Phone: _____ Equipment will be returned on: _____	Equipment Picked Up/Returned by: Name: _____ Phone: _____ Equipment will be returned on: _____

Return to: Karen Steele, Special Education, MCOE P.O. Box 4925, San Rafael, CA 94913
 (415) 491-6612 Fax# (415) 491-6621

MCOE USE ONLY

Portable #1 Available ___yes___ ___no___
 Portable #2 Available ___yes___ ___no___

Use Approved by: _____
 Use Approved by: _____