



Student PPE Request

Email completed forms to deastin@wtamu.edu

Central Supply *pick-up only* 2403 Russell Long BLVD Canyon, TX 79105 8AM-5PM

DATE:

NAME:

BUFF ID:

Email address:

PPE Request:

Limit:

___ Indicaid COVID-19 Rapid Antigen Test

1 per form

___ N95 Face Mask

2 per student

Administrative Use Only

Filled: _____

Delivered: _____