



**Student PPE Request**

Email completed forms to [smpena@wtamu.edu](mailto:smpena@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

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Administrative Use Only

Filled: \_\_\_\_\_

Delivered: \_\_\_\_\_