



Disability Support Services

Equipment Loan Agreement

STUDENT INFORMATION

Name _____
Student ID _____ Email _____
Quarter _____ Phone _____

EQUIPMENT INFORMATION

Description _____
Equipment ID _____ Chair Location _____
Checkout Date _____ Due Date _____
Date Returned _____ Return Accepted By _____

The equipment described and documented on this form is being loaned under the following conditions:

- The equipment is to be handled carefully, not subject to abuse, solely by the above named student.
- Any recordings made from a recording device are for the student's use ONLY. The information will not be shared, posted to the internet, sold, or disseminated in any other way.
- *If lost or damaged, the replacement cost will be the responsibility of the student.*
- Equipment will be returned by the end of each quarter.
- A registration hold will be placed on the student's college record until the equipment is returned or replaced.
- The student's account will be sent to collections if equipment is not returned after a certain date.

I understand the above stated conditions and agree to abide by this contract.

Student's Signature

Date

DSS Representative

Date