

Authorization for Use of Third-Party, Loaned Equipment

Company _____
 Address _____
 City _____ State/Province _____ Zip/Postal Code _____
 Phone Number _____ Fax Number _____
 SUNY Requestor _____ Contact Name _____

Serial No.	Model No.	Description

Where will the equipment be located? _____

Dates this equipment will be on campus From _____ To _____

Will equipment be used in research? Yes No Will equipment be used in patient care? Yes No

Is there a signed SUNY HIPPA Business Agreement? Yes No

Describe use _____

LIABILITY

The State University of New York will be responsible for any and all liability, claim, damage, suit or judgment if assessed by a court of competent jurisdiction, arising from the activities of the State University, provided that such liability, claim, loss, damage, suit or judgment arises out of the acts of the State University or its officers or employees acting within the scope of their employment, as provided by law. This certification does not apply to any liability, claim, damage, suit or judgment arising from the acts or omissions by or on behalf of any party other than the State University, or its officers, employees or agents.

I hereby acknowledge responsibility for the equipment listed above.

I hereby authorize release of the equipment listed above to the College.

Appropriate College Official (Service Chief, Dept. Chair, etc.): Signature _____ Name & Title (Printed) _____ Date _____

Authorized Representative or Owner of Company Signature _____ Name & Title (Printed) _____ Date _____
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Name & Title of Appropriate Vice President (printed) _____

Signature of Appropriate VP _____ Date _____

VP Admin. & Finance _____ Date _____

President (as required): _____ Date _____