



ASSISTIVE TECHNOLOGY LOAN AGREEMENT

STUDENT NAME: SID #:

EMAIL ADDRESS: PHONE NUMBER:

The UC Merced Disability Services department loans assistive technology equipment to registered UCM DS students for a variety of academic accommodation needs. UCM Disability Services retains express ownership of all equipment loaned to registered students for academic accommodations.

The student to whom this UCM DS assistive technology is loaned agrees to the following (please initial in each box):

- Equipment is not to be used for anything other than its intended purpose, as an academic accommodation, during the instructional period. Any misuse of the equipment other than the intended purpose gives the UCM Disability Services department the right to immediately terminate this agreement and confiscate the equipment. If this agreement is terminated for any reason, further equipment requests may be denied.*
- No other individual or entity may use the equipment for the entire time in which the equipment is on loan to student.*
- Student should inspect all equipment for any defects or other objections to the equipment before acceptance. If student accepts delivery of the equipment, the student presumed to have accepted the equipment in good condition and repair.*
- Great care must be taken in preserving the equipment in good condition and any damage to said equipment will be reported in writing to the UCM Disability Services department within 48 hours of occurrence. Student shall not attempt to make any repairs without express permission of the UCM Disability Services department.*
- All loaned equipment and accessories must be returned by the specified date or upon withdrawal. Failure to return loaned equipment in "like new condition" by the specified date will result in a charge being levied for the full replacement cost of all loaned equipment. This charge, if not paid, will cause a hold to be placed on student records, including transcripts and/or graduation.*
- Expected date of equipment return to UCM Disability Services: _____*

STUDENT SIGNATURE: DATE:

UC MERCED DISABILITY SERVICES DEPARTMENT USE ONLY

Item Description: <input type="text"/>	TYPE: NEW USED
Serial Number: <input type="text"/> Cost: <input type="text"/>	HARDWARE/SOFTWARE
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