



# Disability Support Services

## Equipment Loan Agreement

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### STUDENT INFORMATION

Name \_\_\_\_\_  
Student ID \_\_\_\_\_ Email \_\_\_\_\_  
Quarter \_\_\_\_\_ Phone \_\_\_\_\_

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### EQUIPMENT INFORMATION

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

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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