

## ADAPTIVE EQUIPMENT LOAN AGREEMENT

The purpose of adaptive equipment provided by Accessibility Services is to serve as a short-term loan for academic purposes only.

By completing the information below and signing your name, you are certifying that you will be responsible for the safekeeping of the described equipment. In the event of damage, loss, theft or failure to return the equipment in the same condition as it was at the time of issue (normal wear and tear is acknowledged), it is agreed that full reimbursement for replacement costs will be made to Accessibility Services by the borrower.

Additionally, it is agreed that failure to return the equipment in satisfactory condition by the designated date below will result in a hold being placed upon your ability to register for classes or receive transcripts until said equipment is returned and found to be in an acceptable condition.

PLEASE PRINT	
BORROWER NAME	ID NUMBER
PHONE NUMBER	EMAIL ADDRESS
DESCRIPTION OF EQUIPMENT	
CONDITION OF EQUIPMENT AT CHECKOUT	CONDITION OF EQUIPMENT AT RETURN
DATE LOANED	DATE TO BE RETURNED
BORROWER'S SIGNATURE	LSDC STAFF SIGNATURE
on return of the equipment, the Accessibility Services ove equipment was returned on the date indicated below	staff member's signature below acknowledges that th w, and in satisfactory condition.
LSDC STAFF SIGNATURE	