

Assistive Technology Lending Library (ATLL) Equipment Loan

Borrower's Information:

Name _____ Daytime Phone _____

E-mail _____

Date Loaned _____ Date to be Returned By _____

Equipment to be used for: Student Need (complete student information) Classroom Need

Student Name _____ Date of Birth _____

School Name _____

Does Student have a current IEP? No Yes If Yes, IEP Signature Date _____

Equipment:

Item Name _____

ID # _____

Value _____

BORROWER'S RESPONSIBILITY AND LIABILITY

I understand and agree that I am responsible for proper handling and use of the equipment.

I am responsible for returning all components to the Assistive Technology Lending Library (ATLL) on or before the due date. ATLL equipment must be returned 4 weeks prior to the end of the school year.

In the case of loss of a device or components, I will immediately contact the ATLL.

In the case of theft, I will not be held responsible, as long as I **immediately** report the incident to the school police **and** provide a copy of the police report to the ATLL.

I understand it is illegal to copy or distribute any software loaned through the ATLL.

Failure to comply with these responsibilities will result in notification to your school's administration, loss of future access to ATLL, in addition to applicable financial liability.

Signature of Responsible Party_____
Date_____
Print Name_____
Phone