

Assistive Technology Lending Library (ATLL) Site Authorization for Short-Term Equipment Loan

Borrower Name _____	Position _____
Student Name _____	_____
Date of Birth _____	Local District _____
School _____	Location Code _____

Short-Term Loan Start Date	Short-Term Loan Return Date
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Item Name	Serial Number	ATLL Identification Number

Additional Accessories:

Comments:

<input type="checkbox"/> RECEIVING AUTHORIZATION	<input type="checkbox"/> RETURNING AUTHORIZATION
Administrator Name Signature _____ Date _____	Administrator Name Signature _____ Date _____
Teacher Name Signature _____ Date _____	Teacher Name Signature _____ Date _____
Parent/Guardian Name Signature _____ Date _____	Parent/Guardian Name Signature _____ Date _____
Provider Name Signature _____ Date _____	Provider Name Signature _____ Date _____
Borrower Name Signature _____ Date _____	Borrower Name Signature _____ Date _____

A copy of this form (signed by the administrator) must be sent to the ATLL by school mail within 3 working days of loan to acknowledge that personnel are aware the equipment is on site.