



Accessibility Services

Student Authorization for Equipment Loan

*****NOTE: PRESENTATION OF STUDENT ID CARD REQUIRED FOR EQUIPMENT LOAN*****

Sign out date: _____ Return date: _____

Student name: _____ Student number: _____

Email: _____ Phone: _____

Signature: _____

I AGREE TO PAY FULL REPAIR OR REPLACEMENT CHARGES FOR DAMAGES INCURRED TO THE FOLLOWING EQUIPMENT WHILE IT IS IN MY CARE.

Description: _____	Item number: _____
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Description: _____	Item number: _____
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FOR OFFICE USE:	
Issuer: Staff Name _____	Return: Staff Name _____
Notes: _____	Entered in database: _____

Photocopy for student; original kept in file