

# 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