# Equipment Agreement Forms

*We have provided two different Equipment Agreements for you to consider. We recommend reviewing the agreement with the student prior to loaning them the equipment and keeping a copy of their signed agreement in their file.*

*(IHE Name)* has agreed to provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the opportunity to (Student Name)

borrow the following equipment \_\_\_\_\_\_\_\_ in connection with *(IHE Name)* provision of assistive technology and/or auxiliary services through the Office of Disability Services. The equipment will be made available to you from \_\_\_\_\_\_\_\_ through \_\_. You acknowledge and understand that this equipment remains the sole property of *(IHE Name)*, that you are being granted the opportunity to use the equipment for a period of time, and that you are required to return the equipment to the Disability Services Office on or before \_\_\_\_\_\_\_ . You further acknowledge and understand that you are required to return the equipment in good working order and in the condition in which it was issued to you. You acknowledge, understand, and agree that if the equipment is lost or damaged in any way, you will be responsible for the costs associated with the repair or replacement of the equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student name – PLEASE PRINT) (Student ID#)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of student) (Date)

*Insert links to product manual and training resources*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that the Assistive Listening System provided by the DSO is for use only during classes in the semester selected below. At the end of the selected semester, I will return the complete Assistive Listening System to the Disability Services Office.

If there is a problem with the system’s performance, I will notify the DSO immediately.

Please indicate the year and select the semester during which the Assistive Listening System will be used:

Year: \_\_\_\_\_\_

* Fall
* Spring
* Summer

**Student Name:** \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature:** \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_