

**Disability Support Services  
Equipment Loan Agreement**

\_\_\_\_\_ will be using equipment owned by Disability Support Services from \_\_\_\_\_ to \_\_\_\_\_ during the \_\_\_\_\_ semester. Student agrees to return the equipment by \_\_\_\_\_. If the equipment is not returned by the agreed upon date, a hold will be placed on the student's grades until the equipment is returned.

Equipment:

Model Number:

Product ID:

Description:

Date Checked Out: \_\_\_\_\_ Condition of materials: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_

Date Returned: \_\_\_\_\_ Condition of materials: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_