Lake Tahoe Community College

Disability Resource Center

Equipment Loan Agreement

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LTCC ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carrier: \_\_\_\_\_\_\_ Text: yes \_\_\_\_ no \_\_\_\_

Equipment Loaned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_

Replacement Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I am responsible for the equipment as listed above. Equipment checked out must be returned at the end of every quarter to avoid a registration hold.

Further, if the equipment is not returned in the same condition as when it was checked out, other than standard wear, I am responsible for repairs. If the equipment is not returned, I will be responsible for the full replacement value. If I loan the equipment to another person, I am still responsible for the full replacement value or responsible for repairs.

I may not check out more than one item of its type. If batteries are required, I will supply them.

I understand that these costs will be charged to my financial account at the college. Until such fees are paid, I will be unable to obtain transcripts and/or register for the following quarter.

Condition when checked out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Student Signature |  | DRC Staff |  | Date Checked Out |

Date Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition When Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Released of Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charges Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Initial

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Student Signature |  | DRC Staff |  | Date Checked Out |