

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