



EQUIPMENT LOAN AGREEMENT FORM

Name of Student: _____ ID #: _____

Local Address: _____

Permanent Address: _____

Phone #: _____

SLU E-mail: _____ Alternate E-mail: _____

Item/ Equipment Borrowed:	ID Number	Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment must be returned to the Center for Accessibility and Disability Resources (CADR) by: _____

The student understands and agrees to the following:

- That this equipment is property of Saint Louis University (SLU), Center for Accessibility and Disability Resources;
- That they are responsible for the prompt return of the equipment in good condition to CADR at the end of the semester (date specified above) or upon withdrawal from SLU, should that occur during the semester;
- That they must use the equipment prudently and to take reasonable care in protecting it from loss or damage;
- That the equipment is for his/her use only and will not be shared with or loaned to others;
- That he/she will *immediately* notify DS in the event the equipment is lost, damaged or malfunctioning; and
- That he/she is financially responsible in the amount listed above for damaged or lost equipment, or for equipment that is not returned to DS by the date stated above

Signature of Student: _____ Date: _____

Signature of CADR Staff: _____ Date: _____



SAINT LOUIS UNIVERSITY

CENTER FOR ACCESSIBILITY AND DISABILITY RESOURCES

Returned (staff member check one):

- The above loaned equipment was returned to the CADR in good working order with all parts and accessories present.
- The above loaned equipment was returned with the following problems: _____

- The above loaned equipment was returned with the following parts or accessories missing: _____

Signature of Student: _____

Date: _____

Signature of CADR Staff: _____

Date: _____