



University of Alaska Fairbanks (UAF) Disability Services
Equipment Loan Form

Student ID:

Student Information

Name (please print): Last First MI
Home Phone: Cell Phone:
Mailing Address: Street or PO Box City State Zip
Home Address: Street or PO Box City State Zip
Preferred E-mail:

Equipment Information

Item Description:
Item Identification Number: Value:

Terms of Equipment Loan

The student assumes full responsibility for this item. Should the item become lost or stolen the student is responsible for the replacement or cash value of the item. Should the item become damaged the student is responsible for repairs. Any amount of monetary loss or damage not paid by the student will be forwarded to the UAF Business Office. Registration materials and transcripts will be held until the amount owed is paid in full.

DISABILITY SERVICES RESERVES THE RIGHT TO RECALL EQUIPMENT AT ANY TIME BASED ON PRIORITIZATION OF NEED

Agreement

I have read and understand the terms of this equipment loan.

CHECKOUT PERIOD:
DUE DATE:

Student Signature Date
Disability Services Representative Signature Date

Equipment Return Information (for Office use only)

Date Returned: Received By:
Was equipment returned in original state? Yes No
If no, describe: