



WILLIAM WOODS
UNIVERSITY

Office of Disability Services

Phone 573-592-1194

Fax 573-592-1164

Equipment Loan Agreement

Student Name: _____ Student ID#: _____

Local Address: _____ Telephone #: _____

City, State, Zip: _____ Email: _____

Permanent Address: _____

City, State, Zip: _____ Permanent Telephone#: _____

Equipment Type: _____ Model Name/Number: _____

Equipment ID Number: _____ Approx. Replacement
Value: \$ _____

By initialing in the spaces below, you are acknowledging the loan term for the above named equipment.

Loan Date: _____ Student: _____ ODS Staff: _____

Scheduled Return Date: _____ Student: _____ ODS Staff: _____

As the recipient of this University Property, I hereby accept full financial responsibility for any and all Damage, Loss, or Theft of William Woods University equipment signed out in my name. I agree that until said equipment is returned, and this Form is completed by the Coordinator of the Office of Disability Services, I will remain financially responsible, and that any charges for equipment replacement may be placed directly on my University account. I agree to abide by the policies governing its use; and to return all items at the scheduled time to the ODS office.

 Student's Signature

 Date

 Coordinator's Signature

 Date

Letter Sent: _____ (date)

Equipment Returned: _____
 (address)

Return Date: _____

Equipment Condition: _____

Encumbrance: Y / N \$ _____

(damaged, working, not working)

Code _____ Date: _____

Late Charges: \$ _____

Student Signature: _____

Encumbrance Removed: _____

ODS Staff Signature: _____

Appendix 9
January 2021