



*The Office of Student Accessibility Resources (OSAR)*

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: \$ \_\_\_\_\_

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

Loan Date: \_\_\_\_\_ Student: \_\_\_\_\_ OSAR Staff: \_\_\_\_\_

Scheduled Return Date: \_\_\_\_\_ Student: \_\_\_\_\_ OSAR 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 Director of the Office of Student Accessibility Resources, 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 OSAR office.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Letter Sent: \_\_\_\_\_ (date)

Equipment Returned: \_\_\_\_\_  
(address)

Return Date: \_\_\_\_\_

Equipment Condition: \_\_\_\_\_  
(damaged, working, not working)

Encumbrance: Y / N \$ \_\_\_\_\_

Code \_\_\_\_\_ Date: \_\_\_\_\_

Late Charges: \$ \_\_\_\_\_

Student Signature: \_\_\_\_\_

Encumbrance Removed: \_\_\_\_\_

OSAR Staff Signature: \_\_\_\_\_