

LWSD ASSISTIVE TECHNOLOGY EQUIPMENT LOAN AGREEMENT

STUDENT/PARENT INFORMATION

Student Name: Last First ID #
Parent/Guardian: Last First Phone Number
School Information: School Teacher

EQUIPMENT INFORMATION

Item Description:
LWSD Tag #: Condition: [] Excellent [] Good [] Fair [] Poor
Please summarize condition of equipment if not excellent or good:
Date/time equipment is to be returned:

TERMS OF AGREEMENT

By signing this form, I confirm that I have received, read, and agree to the LWSD Assistive Technology iDevice Policies and Procedures. I further ensure the use of this device will comply with LWSD's District Appropriate Use Policy IIAB-R http://www.lwsd.org/About/Policies-Regulations/Admin-Policies/Instruction/Pages/Student-Use-of-Electronic-Resources-R.aspx

REPLACEMENT INFORMATION

Any LWSD property removed from the building or grounds of LWSD becomes the responsibility of the borrower should loss, destruction or damage, not in the normal course of use, occur. The signature below indicates that the borrower assumes this responsibility.

Estimated Replacement Cost: \$
[] I will be using my insurance to cover replacement. Initial:
Insurance Carrier: Policy Number:
[] I will assume the replacement cost personally. Initial:

Signature of Parent/Guardian Date