Accessibility Services
Adaptive Technology
Equipment Contract

SUNY Niagara

Device Loan Section

Student Name _____ Date _____/_____/20 _____

Student Phone (_____) _____-_____ Student ID @ _____

AS Staff Member _____

Campus Location ☐ Sanborn Campus ☐ NFCI Campus

Equipment _____ Bar Code # _____

Current Retail Value $_____

Return Date _____/_____/20 _____

Student Loan Conditions:

I have received the above listed equipment on loan from Accessibility Services. I understand the purpose of this loan is to assist me in attaining my stated academic adjustments. I agree to the following conditions:

1. I will participate in a training session in order to be able to appropriately use the equipment.
2. I will not allow other students to use the device without the permission of an Accessibility Services staff member.
3. I will notify Accessibility Services when I have a problem with the device (if the device is not working properly).
4. I will ask an Accessibility Services staff member when I have a question about the device (e.g., how a specific feature of the device works).
5. I will try to remember to bring the device to the appropriate classes as discussed with the Accessibility Services staff member.
6. I understand that this device is on loan from the college and that I'm required to return it by the end of the semester. If I fail to return the device by this date, a hold will be placed on my account until I return the device or refund the college the above stated retail value.

Student Signature _____ Date: ____/_____/_____

Device Return Section

Student Signature _____ Date: ____/_____/_____

Staff Signature _____ Date: ____/_____/_____

Any Damage or Missing Parts? _____