

## **Device Loan Section**

Student Name	Date	/	/20	
Student Phone ()		ID @ _		
AS Staff Member				
Campus Location	☐ NFCI Campus			
Equipment	Bar Code #			
Current Retail Value \$				
Return Date/				
Student Loan Conditions:				
<ol> <li>I have received the above listed equipment on loan froof this loan is to assist me in attaining my stated acade</li> <li>I will participate in a training session in order to a sessi</li></ol>	emic adjustments. I age to be able to appropriate without the permissive a problem with the aber when I have a quality the appropriate classes the college and that I his date, a hold will be	ree to the stelly use devices the devices as dis	he following of the equipment Accessibility (if the device about the device scussed with the device to return	ent.  Ity Services staff  e is not working  vice (e.g., how a  the Accessibility  it by the end of
the device or refund the college the above state  Student Signature		/	/	
Device Return Section			<u>- — — — — — — — — — — — — — — — — — — —</u>	
Student Signature	Date:	/		
Staff Signature		/	/	
Any Damage or Missing Parts?				