



### Equipment Loan Agreement

Name: \_\_\_\_\_ UH ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Equipment: \_\_\_\_\_ Serial# \_\_\_\_\_ Cost\$: \_\_\_\_\_

- I understand that the equipment loaned to me by the Disability Services Coordinator is a temporary loan and must be returned by \_\_\_\_\_.
- I understand that if I do not return equipment by the due date, I will not be able to borrow other equipment until the original loaned equipment is returned.
- I understand that this equipment is for my use only and cannot be loaned out to other individuals, including other students.
- I understand that if I lose or damage the equipment I am liable for replacement costs.
- I understand that if I do not return the equipment or if the equipment is returned damaged a hold will be placed on my student records until such equipment is returned or replacement costs paid. Holds will affect my ability to perform functions such as registering for classes, obtaining copies of or requests to transfer my transcripts, and/or obtaining my grades until I fulfill my obligation.
- I understand that UH Maui College has the right to seek any appropriate action to retrieve the equipment or replace it in the event that it is damaged, lost, or stolen.
- I understand that in the event that the equipment is stolen while in my possession, I must make a report to the police, identifying the equipment as the property of UH Maui College. I further understand that I must provide a copy of the police report and/or the police report number to UH Maui College.
- I understand and agree to report any problems or difficulties I encounter while the equipment is in my possession upon returning the equipment to UHMC Disability Services.

Student sign: \_\_\_\_\_ Date: \_\_\_\_\_

Staff sign: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt for return of equipment - Date returned: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

revised 10.04.2021