GAVILAN COLLEGE
DISABILITY RESOURCE CENTER
EQUIPMENT-LOAN AGREEMENT

NAME_____

GAV ID #_____ **PHONE:** _____

EQUIPMENT_____
Serial #

A. I understand my responsibility to return the above named DRC equipment. I will:

- Use only for my own personal use
- Use only in educational activities for Gavilan College
- Report any damage or problems with equipment
- Report any loss of equipment

B. I understand that I will be held financially responsible if I do not return equipment in working order by the end of the semester or on designated date listed below.

C. I understand my transcripts and registration will be held if I do not return all equipment in working order by the end of the semester or on the designated date below.

RETURN DATE: _____

_____ _____
Student Signature Date Staff Signature Date

Date Equipment Returned: _____

If you need help regarding your equipment, please contact the HTC Staff at (408) 848-4891 or (408) 848-4823.