Accessibility Center
Confluence – Room 121
Campus Box 400
PO Box 173363
Denver, CO 80217-3363
Fax: 303-352-3003
Phone: 303-556-3300
Email: ccd.access@ccd.edu

COMMUNITY COLLEGE OF
DENVER

AC Resource Lending Agreement - Keyboard

Name: _____ _____ _____
First   M.I.   Last

S#: S_____   **Phone #:** _____

Email: _____@student.cccs.edu
         Your official CCD email account is the only email CCD will accept for correspondence.

         I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student: _____ _____ _____
         Print Name   Signature   Date

This agreement entitles _____ to the loan of the items listed below. It stipulates that the items be returned to the Accessibility Center by the due date. The items have been installed for the Borrower's use and therefore are not solely the responsibility of the Borrower.

However, the Borrower is expected to take care of the items to the best of his/her ability. Failure to do so may result in financial responsibility for the items.

1. The Borrower will treat the items with proper care. The borrower is responsible for any replacement or repair fees for the equipment. This equipment is valued at $ _____. If it is not returned in good condition by the due date, student is responsible for this amount. Failure to return equipment or pay this amount will result in the student's transcript and registration being held until debt is cleared.

2. The Borrower will report any misuse/damage or loss of the items upon discovery.

3. The Borrower will return the items in a clean working condition at the last day of the semester obtaining a signed receipt from Assistive Technologist and keeping it for six months for verification.

Item	Location	Condition of Item	Due Date	Staff Initials

I understand the terms of the agreement noted above and will comply with all the terms of this loan:

Borrower: _____ _____ _____
         Print Name   Signature   Date

CPD Staff: _____ _____ **Date Checked Out:** _____
         Print Name   Signature

CPD Staff: _____ _____ **Date Returned in Good Condition:** _____
         Print Name   Signature