

STUDENT LENDING AGREEMENT**Student Information (required)**

First _____ Last _____ Gothic ID _____

E-mail Address _____ Phone _____

Disability: _____ Deaf/Hard of Hearing _____ Blind/Visually Impaired
_____ Learning Disability _____ Other _____

Are you registered with the NJ Commission for the Blind? ____ Yes ____ No

Are you registered with the Division of Vocational Rehab? ____ Yes ____ No

Equipment Information (required)What semester will you be borrowing the equipment? ____ Fl. ____ Sp. ____ Sum. ____
Other - _____ Year of Loan _____

List the item you want to borrow: _____

LOAN AGREEMENT (REQUIRED)

I, (print name) _____ agree to be responsible for this equipment and return it in good condition at the end of the current academic semester.

If the item I am borrowing is software, I agree to uninstall it at the end of the current academic semester. I understand that copying software is illegal. I understand that failure to return borrowed items may result in a hold being placed on my student records.

Student Signature_____
Date_____
OSS/SI Staff Signature_____
Date