

Pennsylvania's Assistive Technology Lending Library
Higher Education Assistive Technology (HEAT) Lending Project
DEVICE LOAN REQUEST FORM

Please PRINT legibly. We cannot process your request if we can't read all the information.

SECTION 1. Borrowing information:

About the recipient (student with a disability who will be using the equipment):

Name _____

College/University Attending (specify campus) _____

Matriculation Status: Full-time Part-time

Credit Status: Freshman Sophomore Junior Senior
 Graduate student

Student's Permanent (Home) Address:

Street Address _____

City/state/zip _____ County _____

Home phone number _____

Student's College Address (if not living at home during the semester)

Street Address _____

City/state/zip _____ County _____

E-mail _____

Phone # _____ Alternate phone # (cell) _____

Additional Information about the recipient:

Is this the student's first time borrowing a device from Pennsylvania's Assistive Technology Lending Library? Yes No

Student's Date of Birth or Age: _____

Is the student served by/registered with any of the following "systems"? Check **all** that apply:

- Bureau of Vocational Rehabilitation Services
- Bureau of Blindness and Visual Services
- Home and Community Based Waiver Services
- Other (specify) _____
- None/does not apply

Race/Ethnicity: Caucasian African-American Asian Latino
 Other (specify) _____

Equipment Requested

Inventory Code	Name of Item
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

CHECK boxes above for items required at the same time.

If you are borrowing software or computer peripherals, please specify the platform/operating system of your computer:

- Windows (e.g. Vista; Office 2007) _____
- Mac OS # _____

Reason for borrowing (Check ONLY the PRIMARY reason for borrowing):

- Device trial or evaluation (to find out what kind of device / if a device can help)
- Accommodation (to use during the Fall Spring Summer semester so I can do my academic work)
- Serve as loaner during device repair or while waiting for funding
- Other (specify) _____

The primary area in which the device will help (check ONLY one!)

- at School
- at Home or in Community
- at Work
- using phone or computer

Do you need instructions and the inventory sheet that comes with each item in an alternate format (large print, disk, audio tape, Braille)? Please specify.

SECTION 2. Others involved in device use or selection:

Support Person (person who will train/assist student in using equipment). For items indicated as requiring a support person, you **MUST identify a support person before your request can be processed:**

Name/Relationship _____

Agency/Organization _____ Title _____

Address _____

Phone Number _____ Email _____

Person requesting the equipment, if other than student with a disability (e.g. a representative of the Office for Students with Disabilities)

Name _____

Daytime phone # _____ Alternate phone # _____

Name of agency _____

Street Address _____

City/state/zip _____ County _____

e-mail _____ Relationship to recipient _____

REQUIRED: This section is to be completed by a representative of the College or University Office for Students with Disabilities who knows/works with the student for whom equipment is requested

Name _____

Title _____

Daytime phone # _____ Alternate (cell) phone # _____

Department _____

Street Address _____

City/state/zip _____ County _____

e-mail _____

I assure Pennsylvania's Assistive Technology Lending Library that (name of student) _____ is a student who has presented written evidence of his/her disability and is registered for one or more classes at (name of PENNSYLVANIA college or university) _____.

I assure that the requested equipment will be used for the sole purpose of enabling this student to meet the academic demands of the institution.

I understand that this device will not be loaned for a period of longer than one semester, and I agree to facilitate the return of the device no later than the last day of the semester. I understand that if it is apparent that the student will need to use the same device as an accommodation again, it will be provided by other sources.

Signature of Representative from Office for Students with Disabilities

Print Name

Date

SECTION 3. Shipping Information:

Address for DELIVERY where someone is available to sign for a delivery, Monday-Friday, 9 AM to 5 PM. Please use a street address only – no PO Boxes. If delivery is to a large facility you must specify department, floor and/or office or room number.

Full Name _____ Title _____

Phone # _____ Email _____

Organization/Agency _____

Department _____

Street Address _____ Apartment/Room # _____

City/State/Zip _____

Address for PICK-UP, if different from delivery address – follow guidelines above. If there are any changes, you must notify us before the devices are scheduled to be picked up.

Full Name _____ Title _____

Phone # _____ Email _____

Organization/Agency _____

Department _____

Street Address _____ Apartment/Room # _____

City/State/Zip _____

SECTION 4. Borrower’s Responsibility and Liability Statements

Please read and sign BOTH the “Borrower’s Responsibility and Liability” and the “Release of Liability” statements in Section 4.

The person who is accepting FINANCIAL RESPONSIBILITY for this device loan should sign these statements.

Please note that you must IMMEDIATELY report any missing or damaged items in order to minimize your financial responsibility for replacement of missing or damaged items.

BORROWER'S RESPONSIBILITY AND LIABILITY

I understand and agree that I am responsible for proper handling and use of the device(s).

I am responsible for returning all components to Pennsylvania's Assistive Technology Lending Library in a timely manner, by the end of the last day of the semester for which the device is borrowed, and in accordance with shipping instructions. If I find that any components listed on the inventory sheet are missing when I open the shipping case, I must call the Assistive Technology Lending Library at 877-722-8536 voice/TTY immediately so I will not be held financially liable for the missing components.

In the case of loss of a device or components, I will be held financially liable. In the event of loss, I will contact the Institute on Disabilities at Temple University at **800-204-7428 Voice or 866-268-0579 TTY** immediately.

The total replacement value of the item(s) I want to borrow is
\$ _____ plus the cost of the shipping case, if applicable.

In the case of theft, I will not be held responsible, as long as I immediately report the incident to the police and provide a copy of the police report to the Institute on Disabilities at Temple University.

If an equipment breakage or malfunction occurs, I must immediately notify the Assistive Technology Lending Library Coordinator at Hiram G. Andrews Center (877-722-8536 voice/TTY). I will not be held responsible for equipment breakage or malfunction that occurs during normal use as long as I report it promptly.

If there is a change in the pick up address, I will notify the Lending Library Coordinator prior to the scheduled pick up date.

I understand it is illegal to copy or distribute any software loaned through Pennsylvania's Assistive Technology Lending Library. Upon completion of the loan period, if I have loaded borrowed software on my computer, I will remove it.

Failure to comply with these responsibilities will result in loss of future access to Pennsylvania's Assistive Technology Lending Library, in addition to applicable financial liability.

Signature of Responsible Party

Date

Print Name

Phone

Address (if different than recipient or person requesting)

RELEASE OF LIABILITY

I agree to indemnify and hold harmless the Institute on Disabilities, Temple University, Hiram G. Andrews Center, the Office of Vocational Rehabilitation, the Department of Labor and Industry, the Commonwealth of Pennsylvania, and any and all employees, agents or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Institute on Disabilities, Temple University, Hiram G. Andrews Center, the Office of Vocational Rehabilitation, the Department of Labor and Industry, the Commonwealth of Pennsylvania, and any and all employees, agents or representatives of same, in connection with loan(s) from Pennsylvania's Assistive Technology Lending Library.

Signature

Date

Print Name

Phone Number

SECTION 5. What do I do next?

Return your completed, signed request form to your regional Assistive Technology Resource Center (ATRC). If you don't know your ATRC, call toll-free 800-204-7428 (voice) or 866-268-0579 (TTY), or 877-722-8536 voice/TTY, contact us by email at atlend@temple.edu, or check the web site <http://disabilities.temple.edu/atlend> to identify your regional ATRC.

Your Assistive Technology Resource Center (ATRC) contact is:

Final Checklist:

- In Section 1, did you complete all of the information about the student with a disability?
- In Section 2, did you provide the required information and signature from a representative of the college or university's Office for Students with Disabilities?
- In Section 3, did you provide a specific address, including department, floor, room, or office number if the delivery and/or pick up address is to a large facility?
- In Section 4, did you fill in the replacement value of the device you want to borrow in the space provided? If you need help, contact your ATRC or look up the information in the on-line equipment inventory at <http://disabilities.temple.edu/atlend>
- In Section 4, did you sign the request form in both places (Borrower's Responsibility and Liability and Release of Liability)?

**Thank you for using PA's Assistive Technology Lending Library
Please tell someone about us!**

PA's Assistive Technology Lending Library is funded by the Commonwealth of PA Department of Labor and Industry, Office of Vocational Rehabilitation, with partial support from the US Dept. of Education (through PA's Initiative on Assistive Technology) and through the contributions of AT vendors, manufacturers, and users of the Lending Library. The Higher Education Assistive Technology (HEAT) Lending Project is funded through the PA Department of Education.