



Request for Loan of Northwest Education Services Assistive Technology Equipment

Requested by: _____ Building Principal: _____ Service Area Director: _____

Date Request Initiated: _____ Review/Due Date: _____

Office Use Only:

Student Name	School/Program	Trial Equipment	Inventory Details	Pick Up/Deliver	Notifications:
					<input type="checkbox"/> Principal <input type="checkbox"/> Service Area Director <input type="checkbox"/> Staff <input type="checkbox"/> _
					<input type="checkbox"/> Principal <input type="checkbox"/> Service Area Director <input type="checkbox"/> Staff <input type="checkbox"/> _
					<input type="checkbox"/> Principal <input type="checkbox"/> Service Area Director <input type="checkbox"/> Staff <input type="checkbox"/> _
					<input type="checkbox"/> Principal <input type="checkbox"/> Service Area Director <input type="checkbox"/> Staff <input type="checkbox"/> _
					<input type="checkbox"/> Principal <input type="checkbox"/> Service Area Director <input type="checkbox"/> Staff <input type="checkbox"/> _
					<input type="checkbox"/> Principal <input type="checkbox"/> Service Area Director <input type="checkbox"/> Staff <input type="checkbox"/> _

- I understand this equipment is owned by the North Ed Assistive Technology Department and is loaned on a temporary basis for trial purposes.
- I understand it is my responsibility to notify my supervisor and/or building principal and service area director that assistive technology is being requested for trial use with the above named student(s), and that should this technology be appropriate, the district/program may be responsible to provide the equipment for the student.
- In addition, I am aware that my supervisor/building principal/service area director will receive email notification from the North Ed AT Department that I have requested assistive technology for trial use with the above named student(s).
- I agree to take the responsibility for the equipment's care and use. I acknowledge that I or my local school district may be responsible for repairs/replacement of equipment resulting from damage while the equipment is in my possession. Should damage or loss of the equipment occur while it is on loan, I will notify the North Ed AT Dept. immediately. 231-922-7879
- I understand it is my responsibility to return this technology to the North Ed AT Dept located at 880 Parsons Road, VIAT building, Traverse City, MI 49686 at the end of the loan agreement. Inter-school mail may be utilized for non-electronic items and items valued under \$150.

Signature of Borrower: _____ Date: _____