

ADE ASSISTIVE TECHNOLOGY SHORT-TERM LOAN LIBRARY

LOAN REQUEST FORM

CONTACT INFORMATION *(Please complete all fields.)*

Borrower Last Name		First Name	
School District			
Special Ed. Director / Administrator			
Mailing Address <i>(Use street address for delivery, not a PO box.)</i>			
School			
Street		City	
County		State	AZ
		Zip Code	
E-mail			
Daytime Phone Number		Ext.	
		Fax	
Send Attention to <i>(If different from above.)</i>			
Date of Request			

ITEM(S) REQUESTED *(Include components such as key guards. For questions about items in the Loan Library, call Janelle Bauerle at 928-523-6759 or 877-523-6759.)*

1. Item Name	
2. Item Name	
3. Item Name	
4. Item Name	
5. Item Name	
Comments:	

PURPOSE OF LOAN *(Select primary reason.)*

- Consideration / Assessment
- Classroom implementation
- Serve as loaner during device repair or while awaiting funding
- Provide an accommodation on a short-term basis
- Professional development

SCHOOL ENVIRONMENT

- | | | |
|---|---|--|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> High School | <input type="checkbox"/> Postsecondary |
| <input type="checkbox"/> K-8 | <input type="checkbox"/> Alternative School | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Middle / Junior High | <input type="checkbox"/> Secure Care | |

BORROWER INFORMATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Psychologist | <input type="checkbox"/> University Faculty |
| <input type="checkbox"/> AT Specialist | <input type="checkbox"/> PT | <input type="checkbox"/> University Student |
| <input type="checkbox"/> Curriculum Specialist | <input type="checkbox"/> Regular Ed. Teacher | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> OT / COTA | <input type="checkbox"/> SLP | |
| <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Special Ed. Teacher | |

IS THIS YOUR FIRST TIME BORROWING FROM THE LIBRARY?

- No**
- Yes** (If yes, tell us how you heard about us.)
 - ADE AT Specialist
 - ADE Website
 - Administrator
 - AzTAP Website
 - Colleague
 - Training or conference: _____
 - Vendor

IS YOUR REQUEST THE RESULT OF ATTENDING AN ADE TRAINING?

- No**
- Yes** (If yes, please specify which training(s).)

TERMS OF AGREEMENT

As approved ADE Loan Library borrowers, we agree to:

- Obey software and other copyright laws. We will not make copies of borrowed books, videos, software, and other copyrighted materials. We will remove borrowed software programs that were temporarily installed on any of our computer hard drives before returning the original software to the Loan Library.**
- Follow all stated procedures for requesting equipment from the Loan Library. We will immediately notify Janelle Bauerle at 928-523-6759 or at ATLoanLibrary@Nau.Edu if equipment malfunctions or ceases to operate. No attempts to repair malfunctioning equipment will be made without authorization.**
- Assume responsibility for the cost of repairing equipment damaged as a result of abuse, neglect, or carelessness. We will reimburse the ADE Loan Library at current market value, if the equipment is lost, stolen, or damaged beyond repair.**
- Assume responsibility for returning equipment by the stated due date. (Equipment MUST be returned in its original packing container using the prepaid shipping label for the library to efficiently track late, lost, or damaged equipment. This requirement is both for your protection and ours. Failure to return equipment on time may result in late charges.)**
- Return all equipment by the end of the school year.**
- Complete the Short-Term Loan Library Feedback Form.**
- Have our Loan Library privileges suspended or revoked if we do not abide by these requirements.**

Borrower Signature

Date

Fax or e-mail the completed form to Janelle Bauerle at 928-523-4953 or ATLoanLibrary@Nau.Edu.

Office Use Only	
Date Received	_____
Date Equipment Sent	_____
Waiting List	_____