

Date Due: _____

Customer ID (office use) _____



EQUIPMENT AND DEVICE LOAN REQUEST FORM

PERSON REQUESTING THE EQUIPMENT

Name: _____ Work Phone Number: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Name of Agency: _____ Fax Number: _____
 Street Address (no P.O. Box): _____
 City/State/Zip: _____ County: _____
 Email: _____

DELIVERY OPTION

I prefer to pick up and return the device to Oklahoma ABLE Tech in Stillwater, Oklahoma, rather than having the device shipped.

I prefer Oklahoma ABLE Tech ship the device to me at the address below where someone is available Monday-Friday, 9 AM to 5 PM. Do not use a P.O. Box Number for shipping address - a street reference is necessary. If delivery is at a large facility, please specify department and/or room number.

A return shipping label will be provided **free** of charge.

This is a residential address This is a business address

Use address above to ship devices Use different address:

Name: _____ Phone Number: _____

Organization/Agency: _____ Department: _____

Street Address: _____ Apartment # _____

City/State/Zip: _____

DEVICE REQUESTED

BAR CODE (to be completed by ABLE Tech)

PRIMARY PURPOSE OF EQUIPMENT LOAN (check only one)

- Assist in decision making Waiting for repair or funding on my device
 Short-term accommodations Support / professional outreach

PERSON WHO WILL BE USING THE DEVICE

(if different from the person requesting the equipment, do NOT name a minor)

Name: _____

If a Minor, Name of Parent or Guardian: _____



I am a person with a disability, and I am a parent.

Age: Under 3 3 to 20 21 to 64 over 65

Daytime Phone Number: _____ Evening Phone Number: _____

Street Address: _____ City/State/Zip: _____

- I shall not pledge, assign, transfer or otherwise give any interest in and to the device(s), component(s) and accessory(ies) to any third party not listed on the loan request form.
- I understand it is illegal to copy or distribute any proprietary software or hardware loaned through Oklahoma ABLE Tech. Upon completion of the loan, if I have installed such software on my computer, I shall remove said software.
- In the sole discretion of Oklahoma ABLE Tech, my ability to further participate in any such programs or grants or loans from the Oklahoma ABLE Tech and all of its related programs may be suspended for a period of time or indefinitely for failure to abide by the Loan Request Form and all of its obligations.

 _____  _____
 Signature Date Signature Date

Please return this completed and signed request form by mail or fax to:

Oklahoma ABLE Tech
 OSU Seretean Wellness Center
 1514 W. Hall of Fame Road
 Stillwater, OK 74078

Fax Number: (405) 744-2487 | Toll Free Number: (888) 885-5588
 Email: shelby.sanders@okstate.edu