



Customer ID \_\_\_\_\_

## EQUIPMENT AND DEVICE LOAN REQUEST FORM

**NAME OF PERSON REQUESTING THE EQUIPMENT:**

Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Street Address (no P.O. Box) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Recipient: \_\_\_\_\_  Use this address to ship devices

**NAME OF PERSON WHO WILL BE USING THE EQUIPMENT:**

(if different from the person requesting the equipment)

Name: \_\_\_\_\_

If Recipient is a Minor, Name of Parent or Guardian: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

**COMPLETE THIS SECTION FOR THE PERSON WHO WILL BE USING THE EQUIPMENT:**

Primary category describing the equipment borrower. (check only one)

- Individual with a disability
- Family member or other authorized person
- Representative of employment
- School personnel or education related
- Representative of community living
- Health, allied health or rehabilitation related
- Representative of information technology

**EQUIPMENT / DEVICE REQUESTED:**

Name of Item	Description	Category
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**PRIMARY PURPOSE OF EQUIPMENT LOAN:** (check only one)

- |                                                    |                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Assist in decision making | <input type="checkbox"/> Waiting for repair or funding on my device   |
| <input type="checkbox"/> Short-term accommodations | <input type="checkbox"/> Support professional development or outreach |
| <input type="checkbox"/> Other _____               |                                                                       |

**WHAT IS THE MAIN AREA OF BENEFIT IN WHICH THE DEVICE (s) WILL BE USED:**  
(check only one)

- |                                                                                  |                                     |                                           |
|----------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Education                                               | <input type="checkbox"/> Employment | <input type="checkbox"/> Community Living |
| <input type="checkbox"/> Information technology access and/or telecommunications |                                     |                                           |

**SUPPORT PERSON:** (person able to train/assist borrower in using equipment). A support person **MUST** be identified for complex devices.

Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FEES:**

At this time, there are no **rental fees** to borrow ABLE Tech's assistive equipment. However, **late fees** may be charged for any equipment not returned by the due date. Late fees may be assessed weekly at a rate of \$25 per week. Failure to return the equipment by the due date will subject you to all applicable legal action.

**LENGTH OF LOAN:**

The short-term loan will be for 42 calendar days / 6 weeks. A loan extension for an additional 14 days / 2 weeks may be requested no later than 5 days before the due date. The extension will not be granted if a waiting list exists for that item. The date the equipment is due back to the Loan Library is \_\_\_\_\_.

**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 - you must include a street reference. If delivery is at a large facility you must specify department and/or room number.

This is a residential address       This is a business address

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_ Department: \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**RETURN:** Upon completion of your loan period, please return to:

**Oklahoma ABLE Tech**  
OSU Seretean Wellness Center  
1514 West Hall of Fame  
Stillwater, OK 74078-2026

**REQUIRED SIGNATURES:**

The person who is the responsible party for this loan should sign these statements.

**RELEASE OF LIABILITY**

I agree to indemnify and hold harmless Oklahoma ABLE Tech and any and all employees, agent 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 Oklahoma ABLE Tech and any and all employees, agent or representatives of same, in connection with equipment loan(s) from Oklahoma ABLE Tech.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

**BORROWER'S RESPONSIBILITY AND LIABILITY**

I understand and agree that I am responsible for the proper handling, storage, use, care, maintenance and return of the device(s), component(s) or accessory(ies) loaned to me hereunder.

In the event that I lose or there is a malfunction of device(s), component(s) or accessory, I shall immediately notify Oklahoma ABLE Tech at (888)885.5588.

In the event of a theft of the device(s), component(s) or accessory(ies), I will report the theft to the local law enforcement agency and provide a copy of that report to Oklahoma ABLE Tech.

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 of Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

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

**Oklahoma ABLE Tech**  
OSU Seretean Wellness Center  
1514 West Hall of Fame  
Stillwater, OK 74078-2026

**Fax Number: (405)744.2487 / Toll Free Number: (888)885.5588**

**Email: shelby.sanders@okstate.edu**