

Date Due: \_\_\_\_\_

Customer ID (office use) \_\_\_\_\_



# DEVICE LOAN REQUEST FORM

## PERSON REQUESTING THE DEVICE

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 DEVICE LOAN (check only one)

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

**NAME OF PERSON WHO WILL BE USING THE DEVICE**

(if different from the person requesting the device, 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.

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

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

I need this device to help me with: \_\_\_\_\_

**THE PERSON BORROWING THE DEVICE IS A(N):**

- 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 tech

**WHAT IS THE MAIN AREA OF BENEFIT IN WHICH THE DEVICE(S) WILL BE USED**

(check only one please)

- Education
- Employment
- Community Living
- IT access / Telecommunications

**SUPPORT PERSON (person able to train/assist borrower in using equipment).**

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

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

**THIS DEVICE/SERVICE WAS REFERRED BY:**

- SoonerStart
- OK State Dept. Education
- AIM Center
- OK Dept. of Vocational Rehabilitation
- Liberty Braille
- Local School District
- Private Therapist
- Other (explain: \_\_\_\_\_)

**FEES**

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

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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(ies), 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

\_\_\_\_\_  
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](mailto:shelby.sanders@okstate.edu)