Portland State University

Disability Resource Center (DRC)

435 Smith Center 725-4150 (voice) 725-6504 (tty) 725-4103 (fax)

Equipment Request Form

Term/Year	

I request permission to remove PSU equipment from the Disability Resource Center for official and accepted purposes.

User Information: (Please Print)

Name: _____

Permanent Phone : _____

Email address : _____

Equipment Information:

CD player

❑ Telex ❑ Victor (Serial Number _____)

❑ Earphones

❑ Adapter (Serial Number _____)

Acknowledgement Information:

I hereby acknowledge receipt of the above-described equipment, accept full responsibility for it, and agree to reimburse Portland State University for any damage or loss resulting from my negligence. I understand that failure to return the equipment, or if it is returned in unsatisfactory condition, may result in my being billed by the University for the replacement cost of the item.

_____

Signature, User Social Security # Date

Office Use Only

Returned item : ❑ CD player ❑ Adapter ❑ Earphones

_____

Official Signature Date