The University of Georgia
Disability Resource Center

RELEASE OF EQUIPMENT FORM

Date: _____

I, _____, hereby certify that I have checked out the following equipment from the Disability Resource Center (DRC). I will make every effort to do all I can to ensure the safekeeping of this equipment while in my use. Should it be determined that the equipment is lost or damaged due to my negligence, I will take responsibility for its replacement. Please note that the DRC will FLAG the student's record if the equipment is not returned at the end of the semester or if the equipment is returned in damaged condition.

Type of Equipment	Serial No.	Approximate Value	Date to be Returned

_____ _____
Recipient's Signature Date Social Security #

_____ _____
Recipient's Name (printed) Phone #

_____ _____
Anticipated Graduation Date Email Address

_____ _____
Witness Signature Date Equip. to be Located

FOR OFFICE USE:

Date Returned: _____ Received by: _____

Condition of Equipment: _____

Revised: January, 2006 Found in DRC Procedures