

**The University of Georgia  
Disability Resource Center**

**RELEASE OF ASSISTIVE LISTENING DEVICE FORM**

I, \_\_\_\_\_, hereby certify that I have checked out the following equipment from the Disability Resource Center (DRC): \_\_\_\_\_, which costs approximately \$\_\_\_\_\_. I will make every effort to do all that 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. I will also arrange a date to bring the equipment to the DRC three (3) weeks before the end of the year to have it examined and tested.

Recipient's Signature	Date	Social Security #
Recipient's Name (printed)		Phone #
Date Equipment to be Returned		E-mail Address
Witness Signature	Date	Anticipated Graduation Date

**ALD Check-up Appointment**

Semester	Year	Semester	Year	Semester	Year	Semester	Year

**FOR OFFICE USE:**

**Date Returned:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Condition of Equipment:** \_\_\_\_\_

COMTEK EQUIPMENT  
(FM SYSTEMS)

UNIT # \_\_\_\_\_

Please check off the items given out and put serial and UGA control numbers on all that apply.

\_\_\_\_\_ transmitter serial# \_\_\_\_\_ control# \_\_\_\_\_

\_\_\_\_\_ personal receiver serial# \_\_\_\_\_ control# \_\_\_\_\_

\_\_\_\_\_ battery charger serial# \_\_\_\_\_

\_\_\_\_\_ headphones

\_\_\_\_\_ neckloop transducer

\_\_\_\_\_ microphone and clip

\_\_\_\_\_ smart mic

\_\_\_\_\_ accessory attenuator adaptor cable

\_\_\_\_\_ belt pouches

\_\_\_\_\_ carrying case

\_\_\_\_\_ other (specify) \_\_\_\_\_

\_\_\_\_\_ other (specify) \_\_\_\_\_

\_\_\_\_\_ other (specify) \_\_\_\_\_

Notes: