



**ASSISTIVE TECHNOLOGY EQUIPMENT CONTRACT FOR PREVIEW USE**

**LOAN AGREEMENT**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Local District or Program Representative \_\_\_\_\_

School \_\_\_\_\_

District \_\_\_\_\_

School Phone # \_\_\_\_\_

Equipment \_\_\_\_\_ MISD # \_\_\_\_\_

Current or Replacement Value \_\_\_\_\_

**CONDITION:**

I have received the above listed equipment on loan from the Macomb Intermediate School District. I understand the purpose of this loan is to provide an opportunity to preview the equipment prior to purchase by my local district or MISD program.

I agree to undertake the responsibility for the equipment's care and use. I understand that the MISD owns this equipment and will be responsible for the general maintenance of the equipment. It is my district's or program's responsibility to pay the costs incurred for repair from damage from abuse or loss of the listed equipment.

I will not allow anyone to modify the equipment in any manner without the consent of an MISD representative. This includes repair, maintenance, programming, updating and loading or deleting of software.

I agree to return the equipment to the MISD Assistive Technology Collection prior to, or at the end of, the loan period. I will accept responsibility for replacing any missing parts.

Signature \_\_\_\_\_

**PLEASE SIGN THIS CONTRACT, MAKE A COPY FOR YOUR FILES AND RETURN TO:**

**Classroom Media Library,  
Educational Service Center,  
Macomb Intermediate School District  
44001 Garfield Road  
Clinton Township, MI 48038-1100**