

Teaching and Learning Center Resource Loaner Program Form

TERM: FALL WINTER SPRING SUMMER

YEAR: _____



DATE (MM-DD-YR) _____

CHECK-OUT DATE: (MM-DD-YR) _____

DUE BACK BY: DATE (MM-DD-YR) _____

Equipment

- | | |
|--|--|
| <input type="checkbox"/> iPad2 _____ | <input type="checkbox"/> Lenovo Laptop _____ |
| <input type="checkbox"/> iPad3 _____ | <input type="checkbox"/> Microphone _____ |
| <input type="checkbox"/> iPad Mini _____ | <input type="checkbox"/> MacBook Pro _____ |
| <input type="checkbox"/> iPad Air _____ | <input type="checkbox"/> Web Cam _____ |

Serial Number: _____	Serial Number: _____	Serial Number: _____	Serial Number: _____
_____	_____	_____	_____
_____	_____	_____	_____

Approved Not Approved TLC MGMT: _____

Software / Hardware

- | | |
|--|---|
| <input type="checkbox"/> Lynda.com License _____ | <input type="checkbox"/> Apple TV _____ |
| <input type="checkbox"/> FileMaker Pro 12 _____ | <input type="checkbox"/> Swivel _____ |

Approved Not Approved TLC MGMT: _____

Additional Accessories

- | | | |
|---|---|--|
| <input type="checkbox"/> Screen _____ | <input type="checkbox"/> Slide Advancer _____ | <input type="checkbox"/> Laptop Power Cord _____ |
| <input type="checkbox"/> Adapter Mini VGA _____ | <input type="checkbox"/> Adapter VGA _____ | <input type="checkbox"/> MacBook Pro Cord _____ |
| <input type="checkbox"/> Digital Camera _____ | <input type="checkbox"/> Digital Video Camera _____ | <input type="checkbox"/> Headset _____ |
| <input type="checkbox"/> Clickers _____ | <input type="checkbox"/> iPad Cover _____ | <input type="checkbox"/> Wireless Mouse _____ |
| <input type="checkbox"/> Receiver _____ | <input type="checkbox"/> iPad Power Cord _____ | <input type="checkbox"/> Other _____ |

Serial Number: _____	Serial Number: _____	Serial Number: _____	Serial Number: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TLC Staff: _____

Reason For Loan

- | | |
|--|---|
| <input type="checkbox"/> Classroom Usage | <input type="checkbox"/> Course Development |
| <input type="checkbox"/> Student Orientation | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Research | <input type="checkbox"/> Other _____ |

>By signing, I agree that I am responsible for safeguarding the equipment and/or software while in my possession.

PLEASE NOTE: The TLC has the right to disable your account.

X _____
First Name Last Name

X _____
Signature

A copy of this Approved Agreement will be emailed to you

I acknowledge that when receiving any resources on loan from the University, I agree that:

- (a) I have inspected the resource and am satisfied that it is in proper working order.
- (b) I have read and understood any guidelines for use provided to me by the University and understand the proper methods of operating that resource. I waive any and all rights to avoid liability for loss or damage to persons or property on the grounds of not being familiar with resource.
- (c) I understand and acknowledge that the University will not be liable to me or any person for any loss, damage, expense, or any other claim incurred through use of the resource.
- (d) I accept full responsibility for the condition, care, use, custody, and transportation of the resource borrowed until the time it is returned.
- (e) I shall immediately inform the department from which the resource was borrowed if any incidence of loss or damage to the resource occurs.
- (f) I agree to adhere to any and all copyright laws, terms, and conditions associated with use of the resource.
- (g) If the period of the loan is longer than three months, I shall make the resource available to the University upon request for the purposes of ensuring the existence and condition of the resource.
- (h) I will ensure that the resource is not used by any third parties not affiliated with the University without the expressed permission from the department head of the lending department.
- (i) I agree to use the resource for University use only.

_a_a I have read and understood the above conditions, and agree to them completely.

(Initials)

Please mark the appropriate box.	Faculty	Staff	Student	Other"aaaaaaa
<u>College of Education and Human Services</u>				
Childhood Education				Communication Disorders
Special Education				Counselor Education
Academic Development Services				Health Science
Professional Studies				Exercise Science and Sport Studies
Secondary Education/Administrative				Social Work
Leadership				
<u>College of Liberal Arts</u>				
Art and Design				Music
Communication Studies				Psychology
Criminal Justice				Sociology
English				Theatre and Dance
Modern Languages,				History & Political Science
Philosophy/Socio-Cultural Studies				
<u>College of Science and Technology</u>				
Applied Engineering/Technology				Earth Science
Biological/Environmental Sciences				Math, Computer Science/IS
Business and Economics				Nursing
Chemistry and Physics				Professional Studies

TLC STAFF USE ONLY:

Return Date: _____ TLC Staff: _____ Follow-up Details: Semester Log _____
 (MM-DD-YEAR)

COMMENTS: _____