

# Texas Technology Access Program DEVICE LOAN REQUEST FORM

Please PRINT legibly. We cannot process your request if we can't read all the information.

**SECTION 1. Borrowing information:**

**About the recipient (person who will be using the equipment):**

Name \_\_\_\_\_

If recipient is a minor, name of parent/guardian: \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ County \_\_\_\_\_

E-mail \_\_\_\_\_

The recipient is (CHECK ONE):  Person w/disability  Family member  
 Employer  Educator  Service provider  Other \_\_\_\_\_

First time borrowing a device?  Yes  No

Preferred method of contact:  telephone  e-mail  U.S. Postal Service

**If the recipient is a person with a disability, complete this section:**

Date of Birth or Age: \_\_\_\_\_

If the recipient is served by any of the following "systems", check **all** that apply:

- Community Mental Health  Mental Retardation Authorities
- Early Intervention  Public School  Private School
- DARS Rehabilitation Services  DARS Blind Services
- Area Agency on Aging / Senior Center
- None  Other \_\_\_\_\_

**Equipment Requested:**

Name of Item	Staff Use
<input type="checkbox"/>	

\*\*\*CHECK boxes above for items required at the same time.\*\*\*

**Reason for borrowing (Check all that apply):**

- Device trial or evaluation (to find out what kind of device / if a device can help)
- Professional Development or Outreach - FOR THIS CATEGORY ONLY: Date(s) needed: \_\_\_\_\_
- Accommodation (to use in work setting or during a public event)
- Served as loaner during device repair or while waiting for funding
- Other (specify) \_\_\_\_\_

**If the recipient is a person with a disability, the assistive technology device will help them (check ONLY ONE):**

- at School
- at Home or in Community
- at Work
- using phone or computer

Do you need instructions and the inventory sheet that comes with each item in an alternate format (large print, disk, audio tape, Braille)? Please specify.

\_\_\_\_\_

**SECTION 2. Others involved in device use or selection:**

**Support Person (person who will train/assist recipient in using equipment). For items indicated as requiring a support person, you MUST identify a support person before your request can be processed:**

Name/Relationship \_\_\_\_\_

Agency/Organization \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**SECTION 3. Shipping Information:**

**Address for DELIVERY where someone is available to sign for a delivery, Monday-Friday, 9 AM to 5 PM. Please use a street address only – no P.O. Boxes. If delivery is to a large facility, you must specify department, floor, and/or office or room number.**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Department \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Room # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

#### **SECTION 4. Borrower's Responsibility and Liability Statements**

**Please read and sign BOTH the "Borrower's Responsibility and Liability" and the "Release of Liability" statements in Section 4.**

**The person who is accepting FINANCIAL RESPONSIBILITY for this device loan should sign these statements.**

**Please note that you must IMMEDIATELY report any missing or damaged items in order to minimize your financial responsibility for replacement of missing or damaged items.**

#### **BORROWER'S RESPONSIBILITY AND LIABILITY**

I understand and agree that I am responsible for proper handling and use of the device(s).

I am responsible for returning all components to the Texas Technology Access Program in a timely manner and in accordance with shipping instructions. If I find that any components listed on the inventory sheet are missing when I open the shipping case, I will call the Texas Technology Access Program at 800-828-7839 voice, 512-232-0762 TTY immediately so I will not be held financially liable for the missing components.

In the case of loss of a device or components, I will be held financially liable. In the event of loss, I will contact the Texas Technology Access Program at 800-828-7839 voice, or 512-232-0762 TTY immediately.

In the case of theft, I will not be held responsible, as long as I immediately report the incident to the police and provide a copy of the police report to the Texas Technology Access Program.

If an equipment breakage or malfunction occurs, I will immediately notify the Texas Technology Access Program. I will not be held responsible for equipment breakage or malfunction that occurs during normal use as long as I report it promptly.

If there is a change in the pick up address, I will notify the Device Loan Program Coordinator prior to the scheduled pick up date.

I understand it is illegal to copy or distribute any software loaned through the Texas Technology Access Program's Device Loan Program. Upon completion of the loan period, if I have loaded borrowed software on my computer, I will remove it.

Failure to comply with these responsibilities will result in loss of future access to the Texas Technology Access Program's Device Loan Program, in addition to applicable financial liability.

_____ Signature of Responsible Party	_____ Date
_____ Print Name	_____ Phone
_____ Address (if different than recipient or person requesting)	

**RELEASE OF LIABILITY**

I agree to indemnify and hold harmless the Texas Technology Access Program, the Texas Center for Disability Studies, The University of Texas at Austin, the University of Texas System, the State of Texas, and any and all employees, agents or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Texas Technology Access Program, the Texas Center for Disability Studies, The University of Texas at Austin, the University of Texas System, the State of Texas, and any and all employees, agents, or representatives of same, in connection with loan(s) from the Texas Technology Access Program.

_____ Signature	_____ Date
_____ Print Name	_____ Phone Number

**SECTION 5. What do I do next?**

**Return your completed, signed request form to:**

**The University of Texas at Austin  
Texas Center for Disability Studies  
10100 Burnet Rd., Ste. 1.154  
Austin TX 78758-4445**

**OR**

**Fax your completed, signed request form to:**

**(512) 232-0761**

**Final Checklist:**

- If the recipient is a person with a disability, did you complete all of the information in Section 1?**
- In Section 3, did you provide a specific address, including department, floor, room or office number if the delivery and/or pick up address is to a large facility?**
- Did you fill in the replacement value of the device you want to borrow in the space provided in Section 4?**
- Did you sign the request form in both places in Section 4?**

**Thank you for using the Texas Technology Access Program's Device Loan Program.**

**Please tell someone about us!**