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:

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<th>Name of Item</th>
<th>Staff Use</th>
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***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!