

Date:

Assistive Technology Lending Library
Isles District
SY 08-09

Lending Agreement: I agree to be fully responsible for the items listed below while they are in my care. I will return them promptly as requested according to the due date. If software is borrowed for trial use, I will put in a Service Desk Request to have it installed on my computer and later removed at the end of the trial period. Failure to comply with this policy will revoke my privilege to borrow additional software and or devices.

Printed Name: _____

Signature: _____
(Sign and PDF back to AT Lending Library POC upon receipt of materials)

Date Materials Received: _____

School Name: _____

Items Requested	Due Date
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____

Attention: Please e-mail this completed form as an attachment our using a digital sender to Isles.AssistiveTechnology@eu.dodea.edu , or fax the completed form to Lakenheath Middle School, ATTN: AT Lending Library at DSN: 226-7370 or commercial fax 01638-52-7370.

Please return items by due date using “Official Mail” Certified Receipt Requested
Mail to: Lakenheath Middle School; ATTN: AT Lending Library POC; DoDDS-CCSM Unit 5185; APO AE 09461