

# Cañada College

DRC  Disability Resource Center

## Alternate Media Office

ALTERNATE MEDIA OFFICE  
BUILDING 5, ROOM 205  
Phone: (650) 306-3328 / (650) 306-3170

MAIN DRC OFFICE  
BUILDING 5, ROOM 303  
Phone: (650) 306-3259 / Fax (650) 306-3185

## RESOURCE LOAN AGREEMENT

Date Received: \_\_\_\_\_ Due Date: \_\_\_\_\_

Resource(s): \_\_\_\_\_

\_\_\_\_\_

Combined Value of All Items: \_\_\_\_\_

Student Name: \_\_\_\_\_

G-Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## STUDENT ACKNOWLEDGEMENT

With my signature, I acknowledge receipt of the items listed above, and agree to accept personal responsibility for them. I understand that any materials lost, stolen or damaged during the loan period are my responsibility. I agree to return all items, accessories, and packaging in the same condition in which I received them, or pay the appropriate amount to replace the items. I understand that failure to do so will result in an academic hold being placed on my record until the items have been returned, or the owed balance has been paid.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff

## ALTERNATE MEDIA STAFF USE ONLY

Date Returned: \_\_\_\_\_

Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_