

Disability Services: Assistive Device Checkout Form

I, _____, a student of Northern Virginia Community College, hereby acknowledge that I checked out the following Assistive Device(s) from NOVA Disability Services at the _____ campus.

	Assistive Device	Accessories Included	Serial Number
1	Livescribe Smartpen: Pulse / Echo / Sky (circle)	<input type="checkbox"/> USB cord <input type="checkbox"/> Earphones <input type="checkbox"/> Guide(s) <input type="checkbox"/> Extra ink <input type="checkbox"/> Case <input type="checkbox"/> Pen cap	
2	Cart Mic	<input type="checkbox"/> USB cord <input type="checkbox"/> Ethernet cable	
	Cart Base		
3		<input type="checkbox"/> Case <input type="checkbox"/> Charging cord(s) <input type="checkbox"/> USB cord <input type="checkbox"/> Earphones <input type="checkbox"/> Guide(s) <input type="checkbox"/> Other	
4		<input type="checkbox"/> Case <input type="checkbox"/> Charging cord(s) <input type="checkbox"/> USB cord <input type="checkbox"/> Earphones <input type="checkbox"/> Guide(s) <input type="checkbox"/> Other	

I agree to return the above-stated device(s) in its original condition (excluding normal wear and tear) on or before _____. I understand that a hold will be placed on my record if I fail to return the device(s) by the deadline above or if the device(s) is lost, damaged, destroyed, or missing accessories. I also agree to pay all associated expenses for the replacement of lost, damaged, or destroyed device(s) and associated accessories.

Student Signature

NOVA Student Number

Disability Services Approval

Date

For Disability Services Use Only: Returned Items

Smartpen Date: ___/___/___ Good Fair Poor Cart System Date: ___/___/___ Good Fair Poor
 Alphasmart Date: ___/___/___ Good Fair Poor Other Item 4 Date: ___/___/___ Good Fair Poor