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

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 __________________

Race/Ethnicity: ☐ Caucasian ☐ African-American ☐ Asian ☐ Latino
☐ Other (specify)_____________

Equipment Requested:

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<tr>
<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 ________________________

Person requesting the equipment, if other than recipient:

Name __________________________________________________________
Daytime phone # ___________________ Alternate phone # ________________
Name of agency __________________________________________________
Street Address ___________________________________________________
City/state/zip_________________________ County ________________
e-mail ____________________________ Relationship to recipient ________________
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 PO 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 ____________________________________________________

Address for PICK-UP, if different from delivery address – follow guidelines above. If there are any changes, you must notify us before the devices are scheduled to be picked up.

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 must call the Texas Technology Access Program at 800-828-7839 voice, 512-232-0740 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 Institute on Texas Technology Access Program at 800-828-7839 Voice or 512-232-0740 TTY immediately.

The total replacement value of the item(s) I want to borrow is $______________________ plus the cost of the shipping case, if applicable.

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 must 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 Lending Library 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 Lending Library. 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 Lending Library, in addition to applicable financial liability.

____________________________________  ___________________
Signature of Responsible Party                      Date

____________________________________  ___________________
Print Name                                        Phone

Address (if different than recipient or person requesting)

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**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 Texas Technology Access Program.

_____________________________________       _______________________
Signature                                                                  Date

_____________________________________       _______________________
Print Name                                                               Phone Number
SECTION 5. What do I do next?

Return your completed, signed request form by mail to:

Texas Center for Disability Studies  
The University of Texas at Austin  
J.J. Pickle Research Campus, M/C L4000  
10100 Burnet Road, The Commons Center, Bldg. 137, Rm. 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 Texas Technology Access Program Lending Library  
Please tell someone about us!