

**Adaptive Technology Center for New Jersey Colleges**  
at The College of New Jersey

**Department of Special Education**  
**P. O. Box 7718**  
**Ewing, NJ 08628**

**Phone: (609) 771-2610**  
**Fax: (609) 637-5172**  
**email: adaptivetech@tcnj.edu**

**Student Lending Agreement**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last Name First Name

**College/University:** \_\_\_\_\_ **Campus Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Campus address:** \_\_\_\_\_  
**Home address:** \_\_\_\_\_

**Student Status:** \_\_\_part time \_\_\_full time  
**Credit Status:** \_\_\_Freshman \_\_\_Sophomore \_\_\_Junior \_\_\_Senior \_\_\_Graduate Student

**Disability:** \_\_\_deaf/hard of hearing \_\_\_learning disability \_\_\_blind/visually impaired  
\_\_\_other: \_\_\_\_\_

**Gender:** \_\_\_male \_\_\_female

Are you registered with the NJ Commission for the Blind? \_\_\_Yes \_\_\_No  
Are you registered with the Division of Vocational Rehab? \_\_\_Yes \_\_\_No

**Ethnicity (optional):** \_\_\_Caucasian \_\_\_African/American \_\_\_Hispanic/Latino \_\_\_Asian \_\_\_Native American

**Semester Beginning:** \_\_\_\_\_ **Semester Ending:** \_\_\_\_\_

**Equipment Borrowed:**  
Software Title \_\_\_\_\_ Hardware: \_\_\_\_\_

**Disability Support Services Office Contact:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Email \_\_\_\_\_

**LOAN AGREEMENT**

I, (print name) \_\_\_\_\_ agree to be responsible for this equipment  
And return it on good condition on \_\_\_\_\_, which is the end of the current academic  
semester. If the item I am borrowing is software, I agree to de-install it at the end of my loan  
period. I understand that copying software is illegal. I understand that failure to return  
borrowed items may result in a hold being placed on my student records.

\_\_\_\_\_  
student signature date