

**Check-Out of Equipment Purchased with ADA Accommodation Auxiliary  
Account Funds**

By signing below, I, \_\_\_\_\_, agree to the following:

1. In the event I leave the University, I will notify the Office for Equal Opportunity (8-5770) and request that the department arrange for pick-up of said equipment.
2. In the event I move to another department on campus and take the equipment with me to the new location, I will inform the Office for Equal Opportunity and notify them of the new location of the equipment.
3. Should the equipment fail, I will immediately notify the Office for Equal Opportunity and make arrangements for a replacement (if the equipment cannot be repaired) or to make arrangements for the equipment to be repaired. Such a request shall be made in writing and signed by myself and my supervisor. The damaged/failed equipment will be returned to the Office for Equal Opportunity for proper disposal.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature