



Cardinal Stritch University

ACADEMIC SUPPORT DEVICE CHECK-OUT

I, _____,
(print name)

am checking out from Cardinal Stritch University Academic Support (Bonaventure 1058) the device indicated below on _____ for educational use.
(date)

Recorder/Other: _____

Serial #: _____

I agree to return the device by: _____

I also agree to return any audio tapes, diskettes, compact discs or other file containing alternate format course texts to Academic Support at the end of the course or upon Academic Support's request, without retaining a copy of the same. I also agree to delete all digital audio files, such as MP3 files, or electronic text files from my computer, portable player or network space at the end of the course.

In addition, I agree to return any audio player, earbuds, microphones, USB cable, case, battery pack, and printed guides to be used with the player by the end date of the course listed below. I understand that if I do not return a device or return it damaged beyond normal wear and tear, I am responsible for reimbursing Academic Support for the full replacement cost.

I understand that unpaid obligations on my part will bar the University from releasing my grade reports and transcripts and will bar me from the use of an Academic Support-provided materials in the future.

Book: _____ ISBN: _____

File or Device: _____ Course End Date _____

Print name

Signature

Witness

Date