

**Davidson College
Center for Teaching and Learning
Assistive Technology Checkout Form**

I, _____, hereby acknowledge receipt of:
Student Name

Livescribe Pen _____
Pen Name

Serial Number

This equipment is for:

Fall Semester _____ [year]

Spring Semester _____ [year]

Summer Semester _____ [year]

Due Back By: _____

I understand that if I do not return this equipment by the date agreed to, I will be responsible for the cost of the equipment. I understand that this charge, if not paid, will cause a hold to be placed on my records, including registration and/or transcripts.

Checked Out

Signature: _____ Date: _____

Telephone Number: _____

Student ID Number: _____

Email Address: _____

Returned

Signature: _____ Date: _____