

**Assistive Devices Contract**  
**Direct Loan**

Please print the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Driver's License: \_\_\_\_\_

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I, \_\_\_\_\_ acknowledge that I have borrowed the Assistive Device \_\_\_\_\_ from the Atlantic County Library on \_\_\_\_\_. I agree to return this device on or before \_\_\_\_\_. In the event that I do not return the device, or it is returned damaged, I realize that my borrowing privileges will be suspended and I will be fined \$\_\_\_\_\_ to replace the missing equipment.

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Sign your name here

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Approved by: \_\_\_\_\_:

Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Deaf Resources Staff Contact:  
Donna Cameron, Mays Landing Circulation  
(609) 625-2776 x6301