

LIABILITY FORM FOR STUDENTS CHECKING OUT SDAL EQUIPMENT

STUDENT:

Name:

Email:

Major:

Phone:

ADVISOR OR SUPERVISOR

Name:

Email:

Phone:

SDAL Equipment (GPS, tablet PC, etc)	Starting date of authorization	Ending date of authorization
1.		
2.		
3.		
4.		

The above student is authorized to check out the SDAL equipment indicated above, and I will accept financial responsibility in the event of equipment loss or damage. I will also be responsible for user fees or, in event of financial need, submission of a fee waiver.

Signature of advisor

Date

Signature of student

Date