

Kansas School for the Deaf
Outreach Services
Lending Library

Application/Agreement

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- Parent of child who is deaf/hard-of-hearing D/HH Teacher Interpreter
 Other professional providing D/HH services Community member

If you are a professional providing services to children who are deaf/hard-of-hearing, please include the following information:

Employed by (USD) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Supervisor _____

I agree to:

- ◆ comply with the guidelines for the management of the Outreach Services Lending Library.
- ◆ be responsible for the replacement costs of any damaged or lost materials.
- ◆ return the material by the due date.
- ◆ pay for the necessary return postage.

I understand that:

- ◆ Kansas School for the Deaf reserves the right to suspend or revoke loan privileges.
- ◆ no new materials will be loaned if I have overdue items.

Signature

Date

Updated on 10/29/2008

Office Use Only
<input type="checkbox"/> Address verified
<input type="checkbox"/> Gave copy of guidelines