

Instrument Loan Form

TO BE COMPLETED BY BORROV	VER FOR DEPARTMENT USE
Type of instrument	Make & ID number
Date requested	Date adjustments, if any
Preferred date of return	Return
Borrower	Comment:
G#	
Local address	
City, state, zip	
Home phone ()	
Cell phone ()	
Work phone ()	Issued by Authorized person
Permanent address if different	
	ne timely return of this instrument in good condition, and for any damages ring the term of this loan. If the item is lost or not yet returned, I agree that ing from that non-return.
Students: I understand that in the event of r	non-return, I will not be able to register for classes or have transcripts sent.
	athorize the University to deduct from my final paycheck that amount, or le for deduction. I understand that I shall remain liable for any amount ade.
I accept these terms.	
Borrower's signature	
Date	