Regional *and* Statewide Services for Students with Orthopedic Impairments

Loan Library Agreement

Name of Borrower: _____ Position: _____
(Person responsible for material)

Name of Borrower's Supervisor: _____

Agency: _____ County: _____
(Where you want the material delivered)

Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

In borrowing from the RSOI loan library, I agree to:

- Obey copyright laws.
- Assume responsibility for returning materials on time.
- Assume financial responsibility for replacing material if damaged as a result of neglect or carelessness.
- Reimburse RSOI at the current market value if the materials are lost or damaged.
- I understand that if I do not keep this agreement my loan library privileges can be revoked.

_____	_____
(Borrower's Signature)	(Date)

Please list below the items you wish to borrow:

TYPE	ITEM #	TITLE

When you have read, printed, and **signed** your loan agreement, please mail or fax it to:

Regional Services for Students with Orthopedic Impairments
1871 NE Stephens • Roseburg, OR 97470 • Phone: 541-440-4791 • Fax: 541-957-4808