



A member of Minnesota State

Disability Services
S155
(218) 723-7650

Recorder Check Out Form

NAME:

ID:

PHONE:

SEMESTER &
YEAR:

- I understand that the information contained in the audio-recorded lectures is protected under federal and international copyright legislation and may not be published or quoted without proper citation.
- I agree to delete or destroy all recordings at the end of the semester.
- I understand that Disability Services is loaning me this equipment for the semester and I need to return it to Disability Services at the end of the semester and recheck it out if I will need it the following semester.
- I understand that there will be a hold placed on my records if the equipment is not returned.

Signature_____

Date_____

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