

**Whatcom Community College
Access & Disability Services**

EQUIPMENT CHECKOUT

I, the undersigned, agree to use the equipment listed below for classes at Whatcom Community College and to return the equipment by the designated date. Failure to return these items may result in the following actions: (1) Your account may be submitted to our collection agency and collection charges* added to your account, (2) Your transcript will be placed on hold.

Print Name: _____ Student ID #: _____

Signature: _____ Phone: _____

*Collections: If this account goes to collections, you will owe all collections costs. (Principle + interest + processing fee + collection costs = Total). Interest will be compounded at an accelerated rate. If Whatcom Community College must go to court to collect this account, you will owe all the charges listed above plus all attorney fees and court costs.

Initial: _____

OFFICE USE

Equipment Name & Number _____

Date Checked Out: _____

Equipment will be returned by end of:

Fall _____ Winter _____ Spring _____ Summer _____

Equipment Name & Number: (SAME) _____

Date Checked In: _____

Accessories: All Batteries Tapes Cords Manuals

**LDC 116
(360) 383-3045
(360) 383-3043
VP 360-255-7182**