

Equipment Exchange

Student NAME: _____ Birthdate: _____
 SD #/Name: _____ School: _____ Grade: _____
COMPLETED Equipment Exchange forms must be sent with a recent audiology report.

All sections of this page must be completed. Incomplete forms will result in delays.

Student's Hearing Device(s)

Hearing Aid: <input type="checkbox"/> RIGHT	Make _____ Model _____	<input type="checkbox"/> Unilateral
Hearing Aid: <input type="checkbox"/> LEFT	Make _____ Model _____	<input type="checkbox"/> Bilateral

Current System

Receiver(s): Model _____ Serial # _____ Model _____ Serial # _____	Transmitter: Model _____ Serial # _____
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Equipment Being Requested

Receiver: <input type="checkbox"/> Roger X <input type="checkbox"/> Roger Focus II <input type="checkbox"/> Other: _____	<input type="checkbox"/> One <input type="checkbox"/> Two
Transmitter: <input type="checkbox"/> Roger Touchscreen <input type="checkbox"/> Roger On (middle/high school) <input type="checkbox"/> Oticon EduMic <input type="checkbox"/> Cochlear Mini Mic 2+ (CI & BAHA only) <input type="checkbox"/> Other: _____	
Special Requests: <input type="checkbox"/> Belt Clip/Boom Mic for Roger Touchscreen <input type="checkbox"/> Remote Control (CI & BAHA students only) <input type="checkbox"/> Audio Shoe(s) _____ <input type="checkbox"/> Other: _____	

To assist Auditory Outreach with future loan bank acquisitions, please provide a reason for the exchange request.

Audiologist Authorization

Please sign below if you are the current audiologist and are certifying the equipment being requested is compatible with the student's hearing needs:

Date: _____ Name: _____ Signature: _____
 Phone: _____ Email: _____

Shipping Address

School/ District Contact

Name: _____
 Position: _____
 Phone: _____ Email: _____

School District Authorization

Auditory Outreach equipment and accessories are on loan to the school and/or school district for educational use by the student listed above. When program equipment or accessories are lost, or damaged beyond use, the school and/or school district agrees to compensate Auditory Outreach for replacement cost(s) of the equipment. The equipment is due for return to Auditory Outreach when the student transfers to another school district or independent school, or graduates from your district.

Date: _____ Name: _____ Signature: _____
 Phone: _____ Email: _____ Position: _____

Estimated Replacement Costs Receivers: Roger X, Roger Focus II \$1350
 Transmitters: Roger Touchscreen, Roger On \$1750; Oticon EduMic \$1100; Cochlear Mini Mic 2+ \$382.50