

## Equipment Return

**Student NAME:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**SD #/Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**COMPLETED** Equipment Return forms must be included when returning equipment.

**Reason for Return:**

Student moving out of district

Student graduated

Student not using equipment

Student received a replacement system

Other \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

### Contact

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Equipment Being Returned

**Receiver:**

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

**Transmitter:**

Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

**ACCESSORIES ENCLOSED: Please return equipment using the case originally provided.**

**Accessories Enclosed:**  Audio Shoe(s) e.g. AS18 silver - 2 \_\_\_\_\_  Case  Charger  USB

Lanyard  Recording Cable  Input (Audio) Cord  Protector  Pouch  User Guide  Remote Control

Touchscreen Boom Mic with Belt Clip  N7/N8 Monitor EarPhones

Other \_\_\_\_\_

### School District Authorization

**Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*(please print)*

*Auditory Outreach supports hundreds of students throughout the province.*

*We ask for your assistance by returning equipment as soon as possible so we may reassign it.*

*The return of each accessory enables us to save funds which may be used towards the purchase of new technologies.*

*We appreciate your efforts to ensure all loaned items are returned.*