

Trinidad Junior College
CTE Career and Special Services
Ron Barros, CTE Job Placement/Special Services Coordinator
Appointments 719-846-5456

ACCESSORIES/ EQUIPMENT LOAN FORM

Student Name: _____ S# _____

Email Address: _____ Telephone Number _____

MP3/Disc PDF Calculator Recorder CD Player Other _____

NAME OF BOOK: _____

AUTHOR: _____

SERIAL/ISBN NUMBER: _____

VALUE: _____

DATE CHECKED OUT: _____

LOANED TO: _____

Receipt _____

I agree to return this book/equipment to the Office of Career and Special Services on or before

____ / ____ / ____

You will be charged the value of the equipment plus 10% if you fail to return the equipment by the specified date, or have not made arrangements for an extension.

Signature

____ / ____ / ____
Date

OSS Staff Signature

____ / ____ / ____
Date

DATE RETURNED: ____ / ____ / ____

INITIALS OF RECEIPIENT: _____