

FDLRS Technology State Loan Library
1207 S. Mellonville Avenue
Sanford, FL 32771-2240
(407) 320-2385
(800) 558-6580
Fax: (407) 320-2379



2010-2011 ADMINISTRATOR'S SHORT TERM LOAN ASSURANCE FORM

I authorize the person(s) from _____ that are listed below to obtain
(print county name)

short term loan equipment from the Florida Diagnostic and Learning Resources System Technology State Loan Library (FDLRS-TSLL) for the 2010-2011 school year. I understand this equipment is being provided for trial use for the purpose of assessment and training of students in our county who may be in need of assistive technology. Equipment may be used by the students in their school, home, or community. I understand the equipment may not be used by staff to conduct activities outside the state of Florida for purposes other than those stated on this assurance form unless the Administrator of FDLRS-TSLL gives prior written approval.

If this equipment is damaged, lost or stolen, I or my authorized agent will immediately contact the FDLRS Technology State Loan Library at 800-558-6580 or 407-320-2383.

ESE Director or Authorized Agent (please print): _____

Address: _____

City, State, Zip: _____ Phone: _____

Email: _____

Signature: _____ Date: _____

Return to: FDLRS Technology State Loan Library, Attn: Loan Coordinator
1207 S. Mellonville Ave, Sanford, FL 32771-2240, **or Fax to:** (407) 320-2379

