**ATSO CUSTODY FORM**

**CUSTODY RECIPT FOR STATE EQUIPMNET**

Assistive technology Services Office-CSUEB, 25800 Carlos Bee Blvd, LI-1121, Hayward, CA 94542

Phone Number: 510-885-4366 Fax Number: 510-885-4365

The following listed property was issued to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last name) (First name)

Items Checked out on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_ Issued By: \_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| I acknowledge that all the items above are in good shape and in working condition. I understand that I will personally be financially responsible and be charged for the loss or damage of any items checked out above. I agree to abide by the requirement to return the items checked out by me no later than the due date and the time mentioned below. Failure to return the item by the due date will result in a charge equivalent to the replaceable value of the item to be placed on my student account.  **Due Date** : \_\_\_\_\_\_\_\_\_\_\_\_ **Phone** : (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_  **NET ID** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email ID**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ACKNOWLEDGMENT OF RETURN (for staff use only)**  All items returned are found to be in order.  Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Received & Certified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- |
| Mic: |  | Model: |
| Headset: |  | Model: |
| Alpha smart: |  | Model: |
| Recorder: |  | Model: |
| Reading Pen: |  | Model: |
| Pulse Pen: |  | Model: |
| Others: |  | Model: |