Oregon University System
Agreement to Allow Off-Campus Use of University Property

Southern Oregon University (SOU) hereby grants permission to

_____
(Borrower Name)

to take and use the University property listed below off the campus premises. Item(s) shall remain in borrowers possessions from _____(date) to _____(date), but may be returned to the University earlier upon mutual agreement, SOU assumes no responsibility for the delivery or return of the item(s).

1. Borrower agrees the equipment will be used solely for the purpose for which it was loaned. Borrower will give to items in their custody the same care provided to similar property they own. The item(s) covered in this agreement are to remain in the condition received and will not be repaired, restored, or altered in any way without SOU's written permission. All damages to the property will be promptly reported to SOU. Any theft will be immediately reported. The property is the property of SOU, and the borrower will surrender it immediately when asked by SOU to do so.

2. Borrower acknowledges responsibility for any damages to the property and acknowledges that the property may not be covered by the State Restoration Fund. If the property is covered under the State Restoration Fund, **up to a $5,000 deductible may be borne by the borrower or Department** granting approval should a loss occur.

By signing below the borrower certifies he/she has read the above statement and agrees to abide by them

Borrower's Signature: _____ (Signature) _____ (Position Title)

_____ (Print Name) _____ (Department) _____ (Phone) _____ (Date)

SOU Authorized Signature: (Department Chair or Director) _____ (Signature) _____ (Position Title)

_____ (Print Name) _____ (Department) _____ (Phone) _____ (Date)

To be completed by IT Department if a computer otherwise to be completed by Risk Management

Description of Property Loaned: _____
Include all accessories that go with this equipment

Manufacturer: _____ **Serial #:** _____

SOU Authorized Signature: (IT Dept or Risk Management) _____ (Signature) _____ (Position Title)

_____ (Print Name) _____ (Department) _____ (Phone) _____ (Date)

Office Use Only

Date Returned: _____ **Received by:** _____ (Signature) _____ (Position Title)

_____ (Print Name) _____ (Department) _____ (Phone) _____ (Date)

Return Original Form to: Gordon Carrier - Information Technology Computing Services Room 121