

Kansas School for the Deaf  
Outreach Services  
Lending Library

Materials can be found at <http://www.ksdeaf.org/outreach/lending-library>

**Application/Agreement**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

- Parent of child who is deaf/hard-of-hearing     D/HH Teacher     Interpreter  
 Other professional providing D/HH services     Community member

If you are a professional providing services to children who are deaf/hard-of-hearing, please include the following information:

Employed by (USD) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor \_\_\_\_\_

I agree to:

- ◆ comply with the guidelines for the management of the Outreach Services Lending Library.
- ◆ be responsible for the replacement costs of any damaged or lost materials.
- ◆ return the material by the due date.
- ◆ pay for the necessary return postage.

I understand that:

- ◆ Kansas School for the Deaf reserves the right to suspend or revoke loan privileges.
- ◆ no new materials will be loaned if I have overdue items.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date