

Northwestern University Health Service

BORROWED ITEMS

I agree to be responsible for the following item(s):

Pick-Up Date: _____

Pick-Up Time: _____

Drop-Off Date: _____

Drop-Off Time: _____

I agree to return the item(s) by the above date and time. In the event that I do not return the item(s), I understand that my Northwestern University account will be billed \$50.00 per day.

I agree to return the item(s) in the same condition in which I received the item(s). In the event that I incur any damage to the item(s), I will be financially responsible for any repairs and my Northwestern University account will be billed.

Printed Name

Telephone Number

Email Address

Signature

Date

Item(s) Loaned by

Date

Item(s) Received by

Date