

Washington State School for the Blind

TRANSFERRING EQUIPMENT AGREEMENT

*(To be filled out by student or parent/guardian)*

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Inventory Number: \_\_\_\_\_

***I hereby release the Washington State School for the Blind from the responsibility of maintaining or repairing equipment given to students/parents.***

**Signature** *(Student/Parent or Guardian):*

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Signature** *(Representative of WSSB) :* \_\_\_\_\_