

BUSINESS SERVICES – RISK MANAGEMENT

1250 Siskiyou Blvd, Ashland, Oregon 97520
 T 541-552-7014 | F 541-552-6138

Agreement to Allow Off-Campus Use of University Property or the Use of Equipment Assigned to SOU Employees for an Extended Period

Southern Oregon University (SOU) hereby grants permission to

to take and use the University property listed below, including taking the property off the campus premises. Item(s) shall remain in borrower's possessions from

_____ to _____,

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 written permission from Authorized SOU personnel. 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. At the time the borrower ceases their employment with SOU, the borrower will be responsible to return all equipment to their department, and provide an acknowledgement of the receipt of the items to Business Services/Risk Management.

2. Borrower acknowledges responsibility for any damages to the property and acknowledges that the property may not be covered by university PURMIT insurance. If the property is covered under PURMIT, the \$5,000 deductible will 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

Next Block to be signed by IT Department if a computer, otherwise to be signed by Risk Management:

Description of Property: _____			
Include all accessories that go with this equipment			
Manufacturer: _____	Make: _____	Serial #: _____	
SOU Authorized Signature: _____			
(IT or Risk Management)			
Signature	Position Title		
_____	_____	_____	_____
Print Name	Department	Phone	Date

Date Returned: _____		Received by: _____	
		Signature	Position Title
_____	_____	_____	_____
Print Name	Department	Phone	Date

Return Original Form to: Patricia Syquia - Risk Management / Service Center, Britt Hall