

MATHEMATICS/PHYSICS DEPARTMENT

CALCULATOR RENTAL AGREEMENT

NAME: _____ STUDENT ID# _____

CLASS: _____ INSTRUCTOR: _____

CALCULATOR: <u>83+</u> <u>84 silver</u> <u>92</u> ID# _____

RENTAL FEE: \$30 CASH ONLY DEPOSIT: \$150

TOTAL RECEIVED: _____

AMT TO BE RETURNED TO STUDENT: _____

I agree to return the calculator referred to above at the end of the _____ semester on or before _____. At the time of return, the calculator must be in satisfactory condition.

In the event of a damaged or lost calculator, I agree my deposit will be forfeited to cover the replacement cost.

If the conditions presented in this agreement are not met, I authorize Delaware Technical & Community College to place a "hold" on my academic records until the matter is resolved.

Student Signature Date

Department Chair Signature Date

Student Phone Number