



**SCHOOL OF OCCUPATIONAL THERAPY
COLLEGE OF HEALTH PROFESSIONS**

OT EQUIPMENT LOAN PROGRAM FORM

STUDENT NAME: _____

ID#: _____

DATE OF CHECK OUT: _____

DUE DATE: _____

RESOURCE MATERIAL CHECKED OUT: _____

STUDENT ACCOUNT AUTHORIZATION FORM SIGNED: _____

DISTANCE EDUCATION STUDENTS PLEASE FILL OUT THE FOLLOWING:

ADDRESS TO SEND THE RESOURCE MATERIAL: _____

RETURN ADDRESS FOR RETURN OF RESOURCE:

PACIFIC UNIVERSITY, SCHOOL OF OCCUPATIONAL THERAPY
COLLEGE OF HEALTH PROFESSIONS
190 SE 8TH AVE SUITE 300
HILLSBORO, OREGON 97124