## AUXILIARY AIDS SIGN OUT FORM

Contact Information	
Name	
Phone Number	
Email Address	
Inventory Information	
Device	
Brief Description	
Serial Number(s)	
Date and Time Received	
Projected Return Date	
Equipment has batteries a is functioning properly	and Yes
Reviewed responsibilities for use and return of equipment  Yes	
I verify that I have received the above equipment and that it has been tested. The device(s) is working properly and is available for use.	
Employee Signature	Title
PLEASE DO NOT WRITE BELOW THIS LINE – FOR SPOC USE ONLY	
□Equipment returned	Date
□All components return (Ear buds, headphone	rned es, transmitter(s), receivers(s) and rechargeable batteries)
☐ Correct serial number	er(s)
$\square$ Equipment tested and in working condition for next use	
□ Rechargeable batteries charged and ready	