

NORTHWEST REGIONAL
EDUCATION SERVICE DISTRICT
5825 NE Ray Circle
Hillsboro, OR 97124-6436

**Special Education Directors: Please
complete this form electronically
and email it to Bret Wonderlick at
bretw@nwresd.k12.or.us**

NWRESD Hearing Aid Loan Form

Student Name: _____

Birthdate: _____

District/School: _____

Case Manager: _____

Special Education Director (electronic) Signature:

_____ Date: _____

I acknowledge that this equipment is being requested for a student who is regionally eligible under Hearing Impairment. Equipment that is lost or intentionally damaged will be replaced at district expense. Equipment requests for non-regional students must be made via Form 30.

**Equipment loan duration is not to exceed 90 days.

-----NWRESD use, only-----

Hearing aid model/#: _____ Cost: _____

Hearing aid model/#: _____ Cost: _____

Delivered by: _____

Date of loan: _____

Expected date of return: _____

Returned to equipment center on: _____

By: _____

Notes: _____
