SRSU GRADUATE STUDENT CENTER
PERSONAL LOCATOR BEACON USER AGREEMENT

User (print name): _________________________________________________________________

Purpose: ________________________________________________________________________

Off-campus location of the PLB: ______________________________________________________

Number of persons in your party (including yourself): ______

Date PLB will be removed from SRSU Campus: _________________________________________

Date PLB will be returned to SRSU Campus: ____________________________________________

Contact information: __________________________________________________________________

   Cell phone ___________________________ Home phone ___________________________

• I certify that the intended use of the PLB directly supports graduate academic pursuits.
• I will exercise reasonable care in the safeguarding of the PLB.
• I accept full fiduciary responsibility for the PLB. If negligently lost, stolen, or damaged I will reimburse the University for all repair or replacement costs.
• I will surrender the PLB at the agreed upon time or upon demand.
• I have read and understand the PLB Policy and the MicrOFix User Guide.
• I will activate this PLB only as a means of last resort when all other means of self-rescue have been exhausted, where the situation is grave and imminent, and the loss of life, limb, or eyesight could occur without assistance.
• I understand that deliberate misuse of this device may result in severe penalties, both civil and criminal. I accept full responsibility for any and all penalties that may be levied as a result of such use while this device is checked out to me.

_____________________________________________      ________________________      ____________________
User Signature             Banner ID                           Date

____________________________________      __________________________________      ____________________
Removal Authorized by (Print)                                 Signature                                  Date

_____________________________________      _____________________________________      ________________
Person Returning Equipment (Print)                                           Signature                                                                                          Date

_____________________________________      _____________________________________      ________________
Person Receiving Equipment (Print)                                            Signature                                                                                          Date

You must present this signed form and your SRSU ID to any law enforcement or SRSU official if requested to verify authorization for possession of the PLB.