

**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

**Complete the following upon return of the PLB**

\_\_\_\_\_  
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.*