**MOAT Device Loan Request**

**\*\*You must have an ETC loan agreement currently on file.\*\***

Date Requested:

Borrower (contact) Name:

School District or Agency with signed ETC loan agreement:

School/Agency Name:

School/Agency Shipping Street Address:

City:

Zip:

County:

Borrower Phone number:

Borrower Email Address:

Please visit our online catalog <http://at.mo.gov/etc/catalog.htm> and identify the items you would like to borrow.

You can borrow up to 6 Items.

If you would like to borrow a tablet device please use the tablet request form. <http://at.mo.gov/etc.html>

|  |  |
| --- | --- |
| **1.** | **2.** |
| **3.** | **4.** |
| **5.** | **6.** |

Please return completed form to:

[moatetc@att.net](mailto:moatetc@att.net). FAX (816) 655-6710