## **EDP Assessment Check-out Contract**

Studen	t Name:	Date:	
Banner	ID:@	_ Phone Number:	
Studen	t E-mail:		
Psycholo psycholo	gy. The purpose of this document in gical assessment materials under the	etween you, the student, and the Departmer s to allow you, as a student, the opportunity ne following conditions and with the outlined and signing below you agree to the followin	to check-out dunderstandings and
I.	I understand the legal and ethical requirements of each assessment I am checking out, including the process of administering the assessment as required by my course and instrument protocol (initial)		
II.	I understand that I am solely responsible for keeping the assessment materials in good condition. If an assessment is damaged while in my possession, then I am fully responsible for paying to replace the damaged materials or a hold will be placed on my academic account until payment is received by the Department of Educational Psychology (initial)		
Student Signature			Date
EDP Staf	f Signature		Date