

# UNIFORM TRANSFER AGREEMENT

(For the Sale of an Assistive Technology Device Pursuant to  
Texas Education Code §30.0015)

Transferor: \_\_\_\_\_

Date: \_\_\_\_\_

Transferee: \_\_\_\_\_

**Description of Assistive Technology Device (ATD):**

**Terms of Transfer (including the transfer of warranties, if applicable):**

**Determination of Fair Market Value\*:** The parties agree that the sale price specified herein is consistent with the fair market value of the ATD, determined in accordance with 19 TAC §89.1056(b)(1) and generally accepted accounting principles.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**Transferor:** \_\_\_\_\_

**Transferee:** \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Yes     No    I have been fully informed and understand the school's request for my consent as described above.

Yes     No    I agree to the transfer of assistive technology as described above.

Yes    No    I understand that my consent is voluntary and may be revoked.