

Banacos Academic Center
Disability Services
ds@westfield.ma.edu
Learning Disabilities Program
ldp@westfield.ma.edu
Banacos Advisor:

Equipment Loan Agreement

Name:			UWID (A#):		
Phone: (i.e	e. 555-555-5555)	WSU Email:		_ @westfield.ma.edu	
Address:					
By signing	this document, I hereby	recognize that:			
➤ I a	m responsible for all com	conents of (check one):			
	☐ FM system, including	(but not limited to): Rep	placement value: \$1,640.00		
	Receiver (with o	charging cord, plug, & aud	lio cable)		
	☐ Microphone (wi	th charging cord, plug, au	dio cable, recording cable, c	arrying pouch, & neck	
	loop)				
	☐ Manuals				
	☐ Mac USB adap	or			
	☐ Plastic carrying	box			
	Other:				
	☐ QTS System, includi	ng (but not limited to): F	Replacement value: \$750.00		
	Laptop (with ch	arging cord & bag)			
	☐ Ipad (with charg	ging cord & plug)			
	☐ Wearable Micro	phone (with base, charging	ng cord, & carrying case)		
	☐ Conference Mic	rophone (with charging c	ord, & carrying case)		
	☐ Mac USB adap	tor			
	☐ Other:				
	☐ Other:				
➤ I a			he borrowed equipment and	all	
COI	mponents.				
> I u	nderstand that the borrow	ed equipment and all con	nponents must be returned to	o the Banacos	
Ac	ademic Center at the mut	ually agreed upon time w	ritten below.		
> I u	nderstand that failure to re	eturn the borrowed equipr	ment or any of the componer	nts by the agreed	
un	on date may result in heir	na hilled for the equipmen	t borrowed/not returned		

Date of loan:	
Date of return agreed upon:	
Borrower's Signature:	_
Staff Signature:	
Actual date of return:	
Borrower's Signature:	
Staff Signature:	