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. 555-555-5555) 

WSU Email:  @westfield.ma.edu

Address: 

By signing this document, I hereby recognize that:

* I am responsible for all components of (check one):

[ ]  FM system, including (but not limited to):

[ ]  Receiver (with charging cord, plug, & audio cable)

[ ]  Microphone (with charging cord, plug, audio cable, recording cable, carrying pouch, & neck loop)

[ ]  Manuals

[ ]  Mac USB adaptor

[ ]  Plastic carrying box

[ ]  Other: 

[ ]  QTS System, including (but not limited to):

[ ]  Laptop (with charging cord & bag)

[ ]  Ipad (with charging cord & plug)

[ ]  Wearable Microphone (with base, charging cord, & carrying case)

[ ]  Conference Microphone (with charging cord, & carrying case)

[ ]  Mac USB adaptor

[ ]  Other: 

[ ]  Other: 

* I am responsible for the loss and/or any damages to the borrowed equipment and all components.
* I understand that the borrowed equipment and all components must be returned to the Banacos Academic Center at the mutually agreed upon time written below.
* I understand that failure to return the borrowed equipment or any of the components by the agreed upon date may result in being billed for the equipment 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: ******