



# QUINCY COLLEGE | PLYMOUTH & QUINCY CAMPUSES

**FOCUSED ON TEACHING & LEARNING, ONE STUDENT AT A TIME**

Quincy Campus, 1250 Hancock Street, Quincy, MA 023169 Suite 508

Plymouth Campus, 36 Cordage Park, Plymouth MA 02360 Suite 220

## DISABILITY SERVICES OFFICE

**Quincy Campus – Pete Luizzi, Phone: 617-405-5915 FAX: 617-984-1792**

**Plymouth Campus - Phone: 617-984-1734 FAX: 617-984-1792**

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### Device Loan Program

#### *Borrower's Responsibility and Liability Statement*

**Equipment Borrowed:** \_\_\_\_\_

**Replacement Value:** \_\_\_\_\_

*I understand that I am responsible for the equipment as listed above.*

*If the equipment is not returned in the same condition as when it was checked out, other than standard wear, I am responsible for paying the monetary cost of all repairs. If the equipment is not returned, I will be responsible for the full replacement – it will be charged to my student account.*

*In case of theft, I will not be held responsible, as long as I immediately notify the police and Quincy College. I must provide a copy of the police report to the Disability Services Officer at Quincy College.*

*If an equipment breakage or malfunction occurs, I must immediately notify Quincy College at 617-405-5919. I will not be held responsible for equipment breakage or malfunction that occurs during normal use as long as I report it promptly.*

*Failure to comply with these responsibilities will result in loss of future access to the device loan program in addition to applicable financial responsibility.*

**Date Checked Out:** \_\_\_\_\_ **Date Due Back** \_\_\_\_\_

**Condition of Equipment When Checked Out:** \_\_\_\_\_

\_\_\_\_\_  
Signature of borrower

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Print Name/ID no

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



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**Date Returned:** \_\_\_\_\_

**Condition of Equipment When Returned:** \_\_\_\_\_

**Release of Responsibility:** \_\_\_\_\_ Yes \_\_\_\_\_ No      **Charges Due:** \_\_\_\_\_

\_\_\_\_\_  
Signature of borrower

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Print Name/ID no

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date