



Wellness Center, University Crossing
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DISABILITY SERVICES

SMART PEN CONTRACT

Date: _____ Semester: _____

Serial Number: _____

Student Name: _____

Student ID: _____

Email: _____

Due Date: (Last Day of the semester) _____

Statement of Responsibility - The borrower agrees to:

- Return the Smart Pen by the due date
- Reimburse SDS for the cost of the pen if it is not returned
- Notify Student Disability Services if the pen is lost or damaged
- Use the Smart Pen in accordance with the SDS Tape Recording Policy
- Erase all data from the smart pen before returning to SDS.

Signature

Date