



A member of Minnesota State

Disability Services
S155
(218) 723-7650

Smart Pen Agreement Form

NAME: _____ ID: _____

PHONE: _____ TERM: _____

- I assume responsibility for the care of the pen/related accessories, and will return it in good condition.
- I will immediately report any damage or loss of the pen. If I lose or damage the pen I agree to pay the cost of replacement (Approx. \$150.00)
- I assume responsibility for purchasing any additional notebooks and ink cartridges as needed for my classes.
- I understand that the information contained in the audio-recorded lectures is protected under federal and international copyright legislation and may not be published or quoted without proper citation.
- I understand I cannot share the taped lecture I record with the Smartpen.
- I understand that Disability Services is loaning me this equipment for the semester and I need to return it to Disability Services at the end of the semester.
- I understand that there will be a hold placed on my records if the equipment is not returned.

Signature _____ Date _____

Returned: