

Laptop Liability Form – Semester: _____

Name (Print)			
	Last (Family Name)	First (Given Name)	Middle Name
Address			
Phone Number			
LCMail			
Student ID Number			

Terms & Conditions

Please read all of the following terms and conditions carefully. You will be responsible for remembering and adhering to these terms and conditions for the duration of the semester.

- I understand that it is my responsibility to contact the Library, if I am unable to return a laptop on time due to extenuating circumstances.
- I understand if the laptop is not returned **15 days** past the due date, it will be considered stolen and campus security will be notified.
- I understand that if I return the laptop more than 5 days late, my laptop check-out privileges will be suspended for one semester.
- I understand that a **\$5/day late fee** will be charged for each day the laptop is overdue.
- I agree this checkout record does not constitute a “confidential library record” and hereby agree to waive any and all my confidentiality rights under Federal or State laws.
- **I agree to pay all costs associated with damage or replacement for any laptop computer whether lost, stolen, or damaged while it is checked out to me.**
- I understand loss or damage of laptop components will result in my responsibility to pay replacement costs as determined by the LCSC Information Technology department.
- I understand that the replacement cost for a laptop computer **may be up to \$1400.00.**
- I agree that failure to follow all written policies of this program may result in temporary or permanent removal of my laptop checkout privileges.
- I agree to comply with United States Copyright Act of 1976, Section 107.

I agree to inspect the laptop and all of its components at checkout. I understand that I am responsible for notifying Library staff of any issues that I discover during inspection. If I do not inform a Library staff member, the Library staff member will assume that the laptop and all of its components were found to be in good condition at the time of checkout. My signature below indicates my agreement and understanding of all of the above statements.

Student Signature: _____ **Date:** _____ **Time:** _____

Library Staff Signature (Student Worker, Supervisor, etc.): _____ **Date:** _____ **Time:** _____

Contact IT with tech related questions: helpdesk@lcsc.edu

Contact the library with other questions: library@lcsc.edu

Staff Use: Student's Last Name, First Name