



New Hanover County Schools

Engaging Students, Achieving Excellence

Technology Check-out Form

Employee Name: _____ Rm _____

Home/Cell Phone Number: _____

Description of Equipment	Asset Number	Date Assigned	Employee Initial	Date Returned	Fixed Asset Designee Initial

I agree to accept personal responsibility for the technology equipment listed above including any replacement or repair costs of equipment and/or accessories due to misuse, neglect or abuse on my part while in my care.

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____