MAHWAH BOARD OF EDUCATION
60 Ridge Road, Mahwah, NJ 07430

Carlos O. Rosa, Jr.
Director of Technology

Equipment Return Form

Student First Name: _____ **Student Last Name:** _____

School: _____ **Grade:** _____

User ID: _____

Computer Name: _____Computer name is located on the outside lid of your computer

Check box with returned equipment.

Laptop : ☐ Charger : ☐ Case : ☐

Contact Information

Cellular: _____

E-mail: _____

Internal Use Only

Condition of Equipment

Repair Needed: Yes ☐ No ☐

Notes:_____

_____

_____

Technician Initial: _____