ASSUMPTION OF RESPONSIBILITY

Clarksdale Municipal School District P.O. Box 1088 101 McGuire Street Clarksdale, MS 38614

This certifies that the attached printout is an accurate representation of the inventory located in my room. I further acknowledge responsibility for these items from this date forward.

Printed Name		
Signature		
Date		
Principal's Signature	Date	

NOTE: Principal is to retain a copy of this form for his/her records. Fixed assets manager is to retain the original copy for his/her records.