

Technology Equipment Sign Out

Please submit completed form to the Technology Department

Contact Information:

Name _____

Address _____

Phone (home) _____

(work) _____

(cell) _____

Email Address _____

Equipment:

- | | | | |
|--------------------------|-----------|--------------------------|--------------|
| <input type="checkbox"/> | PC | <input type="checkbox"/> | Video Camera |
| <input type="checkbox"/> | Laptop | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Projector | | |

Make _____ Model _____

Serial # or Asset Tag _____

Date Equipment Signed Out _____ Signature _____

Date Equipment Returned _____ Signature _____

The recipient of equipment is responsible for any equipment that is damaged, lost or stolen while in his/her possession.

For Office Use Only:

Building Principal Signature _____

Director of Technology Signature _____

RETURN RECEIPT

Date Equipment Returned _____

Signature _____