

**West Valley Central School District
Staff Summer Technology Signout Request Form**

Name _____

Equipment Requested for Summer Use _____

Model _____ Serial Number _____

Date Taken Out of District _____

Date to be Returned _____

Any problems with equipment for leaving District? _____

Staff Signature

Date

For Tech Staff:

Form Received on _____ Date Equipment Returned _____

Equipment returned in same condition left? Yes ____ No ____