

**Hoquiam School District
Technology Equipment Checkout Form**

This form is to be completed any time an electronic device is taken outside Hoquiam School District Buildings.

INSTRUCTIONS: Please complete all information requested below, making sure to read the **“APPLICANT ASSURANCE”** thoroughly. Submit the completed form to the Lead Tech for approval.

Distribute: Original to Lead Tech and 1 copy to the Employee.

NAME _____ BUILDING _____ TODAY'S DATE _____

CONTACT INFORMATION (required): Phone _____ eMail _____

CHECKOUT PERIOD: (not to exceed one school year) _____ to _____

CHECK ONE:

Laptop iPad Projector Other (describe) _____

PURPOSE OF EQUIPMENT CHECKOUT: _____

SERIAL NUMBER _____ MODEL NUMBER _____

*Please note below any current physical damage to the item(s) being checked out.

PLEASE READ BEFORE SIGNING – APPLICANT ASSURANCE

I hereby assume full responsibility for the equipment listed on this form. I understand my responsibility includes any use or damage of the device by others while I have the item checked out. In the event that the equipment is damaged during the check out period, I agree to reimburse the district for the cost of repairs or replacement. I also understand the equipment needs to be returned within 24 hours upon request of an administrator or Lead Tech.

I understand my responsibility of liability for this item(s) while it is checked out to me and have read and understand the assurances stated above.

Signature: _____ Date: _____

Lead Tech: _____ Date: _____

NOTES: