## **Hoquiam School District**

## **Technology Equipment Checkout Form**

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

INSTRUCTIONS: Please complete all information requested below, making sure to read the "Applicant Assurance" thoroughly. Submit the completed form to a supervisor for approval. **Administrator Instructions**: Please sign after <u>verification</u> of form completion and noted physical damage. Distribute- Original to Shannon Webster, 1 copy to employee, 1 copy to Patti Reynvaan and retain one copy in the school office.

NAME	BUILDING	TODAY'S DATE	
CONTACT INFORMATION (REQUIRED)	HOME PHONE		L
CHECKOUT PERIOD FROM (NOT TO EXCEED ONE SCHOOL YEAR)To			
CHECK ONE:  ☐ Laptop ☐ iPad ☐	Projector □ Other	(Please describe)	
PURPOSE OF EQUIPMENT CHECKOUT			
*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 checkout 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.			
I understand my responsibility of liability for this item(s) while it is checked out to me and have read and understand the assurances state above.			
Signature		_ Date	
Supervisor Approval		_ Date	
For District Office Use Only:			
Received by:	Date _		_

NOTES: