



Information Technology Services

Equipment Take Home Form

Name _____

Location _____

Has received: _____

Serial number: _____

The District purpose for which I am using this equipment:

I understand I am responsible for this equipment either personally or through my insurance company should it be lost, stolen or damaged, to the sum of:

\$ _____.

This equipment must be returned to: _____

No later than (date): _____

Signature _____ Date: _____

Home address: _____

Home phone: _____

Email: _____

Principal's Signature: _____

Date _____

(This form to be filed in site media center pending return of equipment).