

NATIONAL SCHOOL DISTRICT

*Equipment Use Off Premises*

*This form must be completed and signed prior to release of equipment.*

Equipment may be checked out for one year.

Name \_\_\_\_\_

Worksite \_\_\_\_\_ Rm. # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ WorkPhone \_\_\_\_\_

Computer Equipment tag and serial numbers for:

Tag No. \_\_\_\_\_ Serial No. \_\_\_\_\_

I understand that I am liable for this equipment and any costs for replacement or damages will be charged to me. I agree to pay these charges if it should be necessary.

I agree to complete 12-15 hours of the District Technology Staff Development Program designed for training in the use of a laptop computer.

I understand that I may forfeit the use of a laptop if I do not complete the training program.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of User

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of District Representative

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**(To be completed by District Representative)**

Equipment issued on \_\_\_\_\_ by \_\_\_\_\_

Equipment returned on \_\_\_\_\_ by \_\_\_\_\_