

Mount Union Area School District
EQUIPMENT/DEVICE SIGN OUT FORM

PART I – REQUEST

Student's Name:	
Building/Grade	
Equipment Issued:	
Reason: Date	

PART II – LISTING OF EQUIPMENT ISSUED (Serial Number)

--	--

PART III – RECEIPT OF EQUIPMENT

I acknowledge receipt of the items identified in Part II of this request and agree to return this equipment at the conclusion of utilization, the end of the current school year, upon completion of my enrollment in the district, or upon request of the building administration whichever occurs first. As per Board Policy #708 "The user of District-owned equipment shall be fully liable for any damage or loss occurring to the equipment during the period of its use and shall be responsible for its safe return. Users shall not be responsible for damage due to normal wear and tear or for accidental damage except in cases of gross negligence or intentional misconduct. Replacement cost for iPad issued to K-2 student is \$299.00; replacement cost for laptop for 3-12 students is \$507.32.

Comments on condition: _____

Parent Signature _____ **Date** _____

Parent Printed Name _____

PART IV – ADMINISTRATIVE APPROVAL

Administrator Signature: _____ **Date** _____

PART V – RETURN OF EQUIPMENT

The equipment listed above (Part III) has been returned to _____ at _____
(location) on (date) (person)

Signed: _____ **Signed:** _____
Received by Parent

Comments:	
------------------	--