

CHECK-OUT OF TECHNOLOGY EQUIPMENT/MATERIALS

Intended Use Of Equipment/Materials:

Place Equipment/Materials Will Be Used:

Check-out Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

I have read the District's Administrative Guideline 7530B and assume full responsibility for the equipment/materials listed above.

\_\_\_\_\_  
Signature of Person Requesting the Equipment/Materials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Taking Equipment/Materials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member Providing the Equipment/Materials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent  
(Needed only if equipment/materials will be used out of the District)

\_\_\_\_\_  
Date

Condition of Equipment/Materials When Returned: \_\_\_ Satisfactory

\_\_\_ Unsatisfactory

\_\_\_\_\_  
Signature of Staff Member Receiving the Check-In  
(upon return of equipment/materials)

\_\_\_\_\_  
Date Returned