



**Colleton County School District
Computer Equipment
Summer Sign Out
Request Form**

This form must be completed by all personnel requesting to check out computer equipment from their school. All requests must be approved by the Technology Center prior to removal of equipment.

Name _____

Home Address _____

Must be a street address

Mailing Address _____

Phone Number _____

School _____

Equipment Tag Number(s) list ALL inventory numbers

CPU _____

Monitor _____

Printer _____

Other(specify) _____

I am aware that I must follow Colleton County School District acceptable internet use policy with any equipment signed out.

I am aware that I am responsible for any damage to or the loss of the above equipment.

I understand that if asked I must return the above equipment as soon as possible.

I understand that the above equipment must be returned to its location before the first day of school.

My signature below ensures that I have read and understand the above statements.

Signature

date

Principal or Supervisor

A copy of this form must be faxed to the Technology Center at 549-2244 for approval.

Technology Center Use Only

Approved by _____ Date _____