

Uvalde CISD Staff Member  
Technology Checkout Form

The information on this form must be provided prior to removing District technology equipment from your campus. This form is intended to protect both UCISD and the employee. It is advised that employees contact their insurance agent to obtain coverage information (in case of fire, theft, etc. you are responsible). Please complete all sections and obtain all required signatures.

I \_\_\_\_\_ agree that I am responsible for the equipment listed below, which  
(Printed Name)

I am taking home in order to conduct school business during the summer, and I agree that any damage resulting from the transportation or abuse of the equipment must be paid for in full by me. Also, I understand that the equipment will be checked and restored to school standards when it is returned, and it will be my responsibility to back-up any data that I want saved or reloaded.

Equipment:

Type	Make	UCISD Tag #
CPU		
Monitor		
Laptop		
Other :		

_____ <b>Campus</b>	_____ <b>Room #</b>
_____ <b>Phone Number</b>	_____ <b>Checkout Date</b>
_____ <b>Signature if person checking out</b>	_____ <b>Return Date</b>
_____ <b>Signature of Administrator</b>	