

Technology Equipment Checkout Form

Employee Name: _____
(First Name) (Last Name)

School/Department: _____ Grade: _____

Equipment Checkout (Check All Requested)

Laptop/MacBook: _____ Chromebook: _____ iPad: _____ Projector: _____ Screen: _____

Other (please explain): _____

Serial Number _____ Asset Tag _____

Equipment Needed From Start Date: _____ End Date: _____

Reason for Equipment Checkout: _____

If More Space Needed: Attach Additional Sheets with the Reason, Serial Number and Asset Tag

Signature of Requester: _____ Date: _____

Parent Signature (for Student) _____ Date: _____

Principal, Superintendent or Designee Use Only: _____ Denied _____ Approved

Equipment Checkout Date: _____

Principal /Superintendent/Designee Signature: _____

Equipment Returned Date to Principal/Superintendent/Designee: _____

Principal/Superintendent/Designee Signature: _____