

FSISD Technology Checkout Form

Date due back _____

The District Acceptable Use Policy applies to all district-owned equipment at all times while checked out to you.

Fill out the following Completely:

1. Fill out the chart to check out equipment

Equipment	Brand	Model #	Serial #	Condition (Filled out by Principal or Technology)	Initials
Computer					
Laptop/tablet					
Monitor					
Keyboard					
Mouse					
Printer					
Scanner					
Other:					

2. Reason for checking out school equipment:

3. I understand that the equipment checked out to me is the property of FSISD, and that if any malfunction of the equipment (hardware or software) occurs while it is checked out to me becomes the financial responsibility of myself. Fort Stockton ISD Technology will NOT be responsible for any damages incurred while the equipment is in my personal possession. I understand fully that I am responsible for the cost of any and all repairs necessary to assure the proper function of the equipment on the Local Area Network (LAN) at Fort Stockton ISD. The condition of said equipment will be determined solely upon the discretion of FSISD Technology. Any and all repair costs will be deducted in one lump sum from the first paycheck I receive after I return the equipment to FSISD.
 _____(Initials)

4. I understand that if the equipment is stolen, I am responsible for all replacement costs of each piece of equipment I check out. Replacement cost (today's market value of a comparable machine) of the equipment will be deducted from my paycheck in one lump sum from the first paycheck I receive after I return the equipment, and FSISD Technology has examined it.

*NOTE: Be advised home owners/renters insurance coverage clause on damage to property to others has a \$500.00 limit. _____(Initials)

5. I will NOT loan the equipment out to a 3rd party. _____(Initials)

6. Computers and laptops are to be used for EDUCATION PURPOSES. _____(Initials)

7. I promise to return the equipment in the same or better condition than when I checked it out. _____(Initials)

Signature

Date

Technology

Date

Campus Principal

Date

Technology Check In Form

Check in by _____ Date _____
Campus Principal

Check in by _____ Date _____
FSISD Technology

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