



Technology Equipment on Loan Form

Requestor Name: _____ Employee No.: _____

Department/Program: _____ Date of Request: _____

Request Use of the Following Device(s) for Check Out:

| Description of Device | Serial No. | Inventory No. | Expected Return Date | Condition |
|-----------------------|------------|---------------|----------------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For more devices, please attach an additional form to this document.

The Requestor shall utilize such device(s) for the purpose of:

If computing device(s) are being checked out by an instructor or program advisor for purposes of loaning device(s) to students, please identify the names of the students here (attach additional form if needed):

Please provide the Use Policy Acknowledgement Form to all students to sign and provide copies to local information technology manager or administrator.

Please initial that you have read each item below. As Requestor of the above device(s) on loan I understand and agree to the following:

- Item 1: I have read the guidelines provided to me along with this form and agree to abide by the use of the device(s) on loan in accordance with all guidelines related to my usage including but not limited to, Administrative Regulations B-27 and B-28.
- Item 2: I shall keep the device(s) secure from loss or damage. If damage or loss occurs to the device which is a result of my failure to follow the appropriate guidelines or employ reasonable safeguards, I understand that I shall be responsible for such loss or damage and shall be asked to reimburse the College/District.
- Item 3: I shall maintain the confidentiality of any District or College data that is placed on such device(s).
- Item 4: I shall not place any inappropriate data or software programs on the device(s) that has not been approved for download by the local information technology department.
- Item 5: I shall report any loss or theft of the device(s) immediately to the Sheriff's Department and to the local information technology department.
- Item 6: I shall not alter, revise or modify the existing hardware or software.

Requestor Signature: _____

Print Name: _____

Date: _____

Supervisor Signature: _____

Print Name: _____

Date: _____

Manager of College Information Systems/IT Administrator Signature: _____

Print Name: _____

Date: _____

VP of Administrative Services/Director of Business Services Signature: _____

Print Name: _____

Date: _____

To be completed by Manager of College Information Systems or local technology administrator.

The following devices were Checked In:

| Description of Device | Serial No. | Inventory No. | Expected Return Date | Condition |
|-----------------------|------------|---------------|----------------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For more devices, please attach an additional form to this document.

All Items Above Inspected and Received by:

Signature: _____

Print Name: _____

Date: _____