

Equipment Check-out Form

Switzerland County School Corporation

Please call the Technology Department at 427-2518 for help completing this form.

This agreement ensures that equipment borrowed from the Tech department will be used and maintained by the designated borrower (named below). By signing this form, the borrower accepts responsibility to demonstrate proper use of specified equipment. All specified equipment is the property of Switzerland County School Corporation and will be set up with standard software needed for use. We ask that you NOT install software of any kind, other than software provided by the Tech department. The tech staff will be available to provide assistance when needed.

Description of Equipment:

Item: ex: laptop, projector	
Manufacturer:	
Serial #:	

Items Issued: Please check appropriate boxes.

- | | | | |
|--|-----|---|---------|
| <input type="checkbox"/> Laptop | #__ | <input type="checkbox"/> Mouse | #__ |
| <input type="checkbox"/> Laptop Bag | #__ | <input type="checkbox"/> Wireless Card | #__ |
| <input type="checkbox"/> Projector | #__ | <input type="checkbox"/> Sound System | #__ |
| <input type="checkbox"/> Projector Bag | #__ | <input type="checkbox"/> Wireless mics for sound system | #1 or 2 |
| <input type="checkbox"/> Surge Protector | #__ | <input type="checkbox"/> Corded mic for sound system | #__ |
| <input type="checkbox"/> Laptop Power Supply | #__ | <input type="checkbox"/> Lapel mic | #__ |
| | | <input type="checkbox"/> Projector Cables | #__ |

Borrower's information:

Name:	
Event:	
School:	
Return Date:	
Checkout Signature.	
Return signature:	

**Return date should be no longer than 2 consecutive days unless otherwise approved.

Technicians Only:

All items accounted for at check in: _____
Missing items _____

Equipment in same condition as issued: _____
Damaged Equipment _____

Technician's Signature: _____