

**Wilton-Lyndeborough Cooperative School District
Electronic Equipment Checkout Form**

I accept responsibility of this district owned laptop or device with the understanding of the following terms of agreement:

I will not install any hardware, software, or other items of a technology nature that has not been previously cleared or arranged with the Wilton-Lyndeborough Cooperative School District Technology staff, nor will I let others outside of the Wilton-Lyndeborough Cooperative School District Technology staff diagnose or attempt to resolve issues regarding my district owned laptop or device. By signing the form below, I assume financial responsibility for any lost or damaged equipment that occurs with the device, during the period under my care. I also agree to report any damage or loss of the device immediately to the school and will properly secure the device when in my care.

Employee Section:

Name: _____

Building: _____

Date: _____

Item: _____

Reason for checkout: _____

Signature: _____

Please return this form before removing the laptop from the school.

Principal/Director Section:

Principal/Director Signature: _____

Date: _____

Condition/Notes: _____

Technology Department:

S/N _____

Return Date: _____ Windows Update: Y/N _____

Tech Initials: _____ Anti-Virus Check: Y/N _____

Condition/Notes: _____
