

Grandview ISD



Staff Technology Checkout Form

Date Equipment Checked Out _____

Staff Name _____

Campus _____

Home Address _____

Phone Number _____

Model# _____

SN/Service Tag# _____

List of other items checked out... _____

I have checked out the above equipment with the accessories listed in good working condition. I hereby assume financial responsibility for the equipment, software, and documentation borrowed from Grandview Independent School District.

Your signature indicates that you have read and agreed to these conditions.

Print Staff Name _____

Signature of Staff _____