

Grandview ISD



Student Technology Checkout Form

Date Equipment Checked Out _____

Student Name _____

Campus _____

Home Address _____

Phone Number _____

Print Parent/Guardian Name _____

Signature of Parent/Guardian _____

Signature of Student _____

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 Teacher Name _____

Signature of Teacher _____