

Laptop/Technology Device Checkout Agreement

Printed Name of Student using the device: _____

Printed Name of Individual checking out device: _____

Serial Number(s): _____

Mfg/Description(s): _____

This agreement applies to any technology device owned by the School or the School system. This includes iPads, laptops, digital cameras, camcorders and any other technology equipment. All conditions of the Board-approved policy for Acceptable Use of Technology apply regardless of where or by whom this device is used.

You take sole responsibility for the device and its use during the checkout period, including when you transport it in a personal vehicle or use it during off hours at your home or any other location outside the school. The following conditions must be followed when using the device off campus:

1. You may only use this device for school related work and projects. Do not allow family members or others to use the device for Internet browsing.
2. Do not install any personally owned software onto the device. Do not store any files on the device which could constitute a copyright or licensing violation, or could be deemed illegal, or of an inappropriate nature. Any installed software/files should be related to the function and support of your course responsibilities.
3. **If the device is lost, stolen, or damaged, you are responsible.** If the device is stolen, file a police report immediately. The School's insurance provider will not cover the loss; it will expect your homeowner's policy to cover it. The School may require you to pay for repairs or replacement prior to any settlement you may receive from your homeowner's or other personal insurance policy. If your insurance company denies your claim, you are still financially responsible for the repair or replacement of the device.
4. You may not transport any data on the device that would compromise the identity of others, or put any other protected data, passwords, or information at risk. This includes student information that would violate FERPA if that data is accessed by others, or if the device is lost or stolen.

I have read and understand the above restrictions and responsibilities.

Signature of Parent: _____

Check Out Date: _____

Signature of Person Receiving Returned Device: _____

Return Date: _____