

Ashford Public School District
Ashford, Connecticut

Request to Use Technology Equipment Off-Site

Submit to Scott Waddell, Technology Consultant

This is to confirm that _____
is an ___ employee ___ student, and has been approved to check out the following
Ashford School equipment in order to perform work or school related tasks.

Equipment Description	Inventory Number	Serial Number

Equipment to be used for:

Anticipated Return Date: _____

I assume personal responsibility for this property on behalf of _____, and accept liability for any damage or loss. In the event that this equipment is temporarily used in my home, it will be covered against damage or loss by my homeowner's insurance policy; or I am willing to be held financially liable by Ashford School for its replacement in the event of loss, theft or damage.

Signature of Employee or Parent/Guardian
and Date

Home Phone

Administrator's Signature/Date

Position

Technology Consultant/Date

Date Equipment Checked Out

Date Returned/Condition

Received by