



# Canton Public Schools

## Technology Equipment Sign-Out Form



I acknowledge receipt of the equipment listed below and agree to exercise reasonable care and discretion in its use, until it is returned to the Canton Public Schools. I understand that I am required to return this equipment to the Canton Public School's Technology Department in proper working order.

Printed Name Requesting Device:	
Facility Location: <i>(circle one)</i>	Preschool    Hansen    JFK    Luce    GMS    CHS
Equipment Type Request:	
Grade and/or Department:	
Reason:	

\_\_\_\_\_  
Signature of Borrowing Faculty

\_\_\_\_\_  
Date

***Office Use Only:***

Released Information		Returned Information	
Date:		Date:	
Condition:		Condition:	
Tech Initial:		Tech Initial:	
Make/Model:		Make/Model:	
Serial #:		Serial#	
Additional Notes:			

I hereby authorize a short-term equipment request loan to the above faculty member.

\_\_\_\_\_  
Signature of CPS Technology Dept

\_\_\_\_\_  
Date

Technology Department: Please forward a copy of this completed form to Mike Wentland, Technology Administrator