

**COLCHESTER SCHOOL DISTRICT
SUMMER USE REQUEST - LAPTOP
IT DEPARTMENT**

Student Name: _____

Grade: _____

Reason for needing the laptop computer:

Before taking the laptop home for the summer, this form needs to be signed by the student, parent/guardian, administrator, and CSD IT Department.

I understand that I assume full responsibility for appropriate use of this laptop in compliance with school policy. I understand that I am responsible for bringing this laptop at the start of the 2017-2018 school year to the technology department to ensure that everything is in working order. I also understand that I will be billed for any negligent damage to, or the failure to return, this laptop and/or its power supply.

Student Signature: _____

Parent/Guardian Signature: _____

School Administrators:

Computer Use Approved? _____ Yes _____ No

Date: _____

Approved by: _____

Signature: _____

IT DEPARTMENT:

CHECKOUT INSPECTION:

Barcode No. _____ Date of Checkout: _____ Laptop Condition: _____

Technician: _____ Signature: _____

RETURN INSPECTION:

Date of Return: _____ Laptop Condition: _____

Broken or missing components: _____

Technician: _____ Signature: _____