



EQUIPMENT RELEASE FORM

Employee Name _____

School/Office _____

Position _____

Address _____

Number Street

City Zip

Home Telephone _____ Work Telephone _____

Equipment Description
(Each item or component must be listed.)

Quantity	Item/Model No.	Serial No.	LBUSD Inventory No.

Agreement

I understand that I am responsible for the following:

- I will follow the correct procedures when connecting the computer.
- I will see that the computer is used properly while in my possession.
 - If I experience any problems with the equipment or software, I will notify the site immediately.
 - I assume financial liability to return equipment in original condition.
 - In case of lost, stolen, or damaged equipment, value will be calculated at "full replacement cost".
 - If the computer or any of its components are stolen, I will notify the police and the school or office immediately.

Employee's Signature _____ Date _____

Supervisor's Approval: _____ Date: _____

Returned To _____ Date _____