



Twin Falls Middle School

EQUIPMENT CHECKOUT FORM

Borrower's Name: _____ Date: _____

Phone number of borrower: _____

Checkout Date: _____

Instructional purpose for equipment use:

Signature of teacher: _____ Date: _____

EQUIPMENT DESCRIPTION: (List each piece of equipment being checked out, serial number and cost of item.)

<u>Equipment</u>	<u>Serial Number</u>	<u>Cost of Item</u>

I understand the following conditions for borrowing this equipment:

- Equipment is provided for school-related project use only.
- Equipment must be used in a responsible manner; every precaution must be taken to prevent damage to the equipment.
- Use of this equipment is subject to SVSD410 Acceptable Use Policies.

I accept full responsibility for the equipment I am borrowing. In the event of loss or damage of the equipment, I will report the circumstances of that loss to the media specialist immediately, and *I understand that I am responsible for the payment to replace or repair equipment.* I agree to return the equipment promptly.

Signature of Borrower: _____ Date: _____

Signature of Borrower's Parent/Guardian: _____ Date: _____

Date Equipment is Due Back: _____

CHECK IN

All items returned in satisfactory condition: ____ YES ____ NO

(If not, note any problems)

Date Returned: _____ Media Specialist Staff Initial: _____