

\_\_\_\_\_  
Campus Check-Out Day

\_\_\_\_\_  
Time

\_\_\_\_\_  
Campus Check-In Day

\_\_\_\_\_  
Time

## Denton ISD Summer Equipment Check-Out

Employee Name \_\_\_\_\_ Campus \_\_\_\_\_ Rm. \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

I agree to accept full responsibility for the hardware and/or software listed below. I understand that I will be responsible for the district cost of replacing or repairing any of the equipment/software that is listed below. I understand that software is copyrighted material and copying of such material is illegal.

### Equipment

### Serial Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date Issued \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

Date Returned \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal