

20__ - 20__ Hampshire County Schools

Technology Equipment Sign-Out Form

School Name: _____ Room Number: _____

Staff Member's Name & Position: _____

(Must be equipment from school & room where staff member will be assigned for upcoming school year.)

1) Type: _____ Make/Model: _____

Serial Number: _____

2) Type: _____ Make/Model: _____

Serial Number: _____

3) Type: _____ Make/Model: _____

Serial Number: _____

Required Signatures:

Staff Member

Date

Technology Integration Specialist/Coach

Date

Director of Technology

Date

Date Equipment Returned: _____

TIS Initial _____

1. Complete this form when borrowing equipment and submit it to the school Technology Integration Specialist/Coach who will make a copy for the principal.
2. Return the equipment to the TIS and they will initial it as your confirmation of return.