

Colorado School for the Deaf and the Blind Electronic Device Agreement Checklist

(Please Enter Information Below)

Student Name

Parent or Guardian Name

Mailing Address

Best Contact Phone Number

City, State, ZIP

Parent or Guardian's E-Mail Address

Equipment Issued at Check-out

Equipment Type _____
Serial # _____
CSDB # _____

Internal Battery

Optical Drive

Carrying Case

Power Supply and Cord

Other Hardware not listed above:

Powers-up in and in working order

Equipment Returned at Check-In

Equipment Type _____
Serial # _____
CSDB # _____

Internal Battery

Optical Drive

Carrying Case

Power Supply and Cord

Other Hardware not listed above:

Powers-up in and in working order

By entering my name below, I agree that the equipment shown above was checked-out/checked-in.

Check-out

Student name/date:

Parent or Guardian name/date:

Program Administrator/date:

Check-in

Student name/date:

Parent or Guardian name/date:

Program Administrator/date: