



# WILLARD CITY SCHOOLS

## Technology Equipment Sign-Out Form

Staff Name: \_\_\_\_\_

Position: \_\_\_\_\_

School Name: \_\_\_\_\_

### Equipment Borrowed:

1. Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

2. Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

*Stop! Submit the form to your building Principal to sign.*

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

\_\_\_\_\_  
Director of Technology      Date

Date Equipment Returned: \_\_\_\_\_