

POWAY UNIFIED SCHOOL DISTRICT  
13626 Twin Peaks Road, Poway, California 92064

## EQUIPMENT LOAN RECORD FOR STUDENTS

*Instructions: Please print clearly and sign where required. Immediately report losses to the school and the Risk Management Department.*

NAME OF STUDENT		PARENT/GUARDIAN		SCHOOL	DATE OF LOAN
EQUIPMENT DESCRIPTION		APPROX. VALUE	PUSD TAG NO.		SERIAL NO.
LENGTH OF INTENDED USE			APPROXIMATE RETURN DATE		
ADDRESS (Place where equipment will normally be located)					
<p><b>ACCEPTANCE OF RESPONSIBILITY</b> BORROWER AGREES TO RETURN THE EQUIPMENT IN THE SAME CONDITION AS WHEN LOANED AND FURTHER AGREES TO REIMBURSE THE DISTRICT FOR ANY LOSS OR DAMAGE INCURRED WHILE THE BORROWER HAS CUSTODY. NORMAL WEAR AND TEAR IS EXCLUDED. EQUIPMENT SHALL NOT BE LOANED BY BORROWER TO ANY PERSON. TO BE USED ONLY FOR SCHOOL-RELATED PURPOSES. <u>CHANGES TO COMPUTER HARDWARE OR SOFTWARE IS NOT PERMITTED.</u></p>					
_____ <i>Signature of Parent/Guardian</i>		_____ Date		_____ Insurance Carrier & Policy Number	
<b>SCHOOL OR DISTRICT USE</b>					
I HEREBY AUTHORIZE THIS LOAN REQUEST (PERSONNEL AUTHORIZED TO GRANT PUSD EQUIPMENT LOAN REQUEST SHALL BE THAT SCHOOL DISTRICT EMPLOYEE CHARGED WITH THE EQUIPMENT IN QUESTION. NORMALLY THIS WILL BE THE DEPARTMENT HEAD OR PRINCIPAL.)					
_____ Print Name of Authorizing Official		_____ <i>Signature of Authorizing Official</i>		_____ Date	
DATE EQUIPMENT RETURNED	CONDITION OF EQUIPMENT UPON RETURN	EQUIPMENT RECEIVED BY:			
		_____ Print Name		_____ <i>Signature</i>	