



Gresham-Barlow School District No. 10 Jt.

## EQUIPMENT/LEARNING RESOURCES CHECK-OUT

I will assume financial responsibility for loss or damage of any Gresham-Barlow School District's equipment/learning resources while in my possession (reference policy EDC-KGF). I agree to return equipment in comparable condition, should loss or theft occur my homeowner or rental insurance will be first insured.

Name _____	Address _____	
Employee ID Number _____	_____	
School _____	Department _____	Phone _____

Name of Insurance Company that will cover equipment \_\_\_\_\_  
Agent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date equipment leaving building _____	Date to be returned _____
Serial Number of equipment/learning resources checked out _____	
Brand _____	Model _____
Tag Number _____	
Description _____	

I, \_\_\_\_\_, will assume total responsibility for care and safe return of all pieces of equipment/learning resources checked out to me.

Date \_\_\_\_\_ Approval \_\_\_\_\_  
(Authorized Signature)

Intended use \_\_\_\_\_

*Check-in: Equipment found to be in good order?* \_\_\_\_\_  
Date \_\_\_\_\_ (Authorized Signature)

Gresham-Barlow School District No. 10 Jt. complies with provisions of the various civil rights laws, such as the Fair Employment Practices Act, Title IX Regulations, and Section 504 of PL 93.112 in employment and educational program and activities.