



George County School District Staff Chromebook Sign Out Form

Staff's School/Dept. _____

Item Description: _____

Model: _____ Serial #: _____

Fixed Asset #: _____

Condition of Item: _____

Assigned to
(School/Room#): _____

Staff Name: _____

Phone number: _____

Checkout Date: _____ Exp. Return Date: _____

I understand I am responsible for the care and upkeep of the above named piece of equipment as public property of George County School District. I understand that it is my responsibility to immediately report to George County School District any damages or losses incurred while this asset is in my possession. I understand that I will be held financially responsible for either the repair or the replacement of the equipment. If equipment is not returned or is damaged beyond repair I will be responsible for the replacement cost as listed on the GCSD Technology Device Fee List.

I understand that while in my possession I will abide by the district's acceptable use policy.

_____ Staff Signature	_____ Date
_____ Signature (Principal/Director)	_____ Date

_____ Signature of Person Returning Equip.	_____ Date Returned
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I have accepted the returned equipment in an acceptable condition.

_____ Signature (Principal/Director)	_____ Date
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Original: Retained by the Principal/Director responsible for the equipment
Copy: To be kept in the assigned room with room inventory report