



## Arlington Heights School District 25

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Office of the Assistant Superintendent for Business Services  
Administration Building • 1200 S. Dunton, Arlington Heights, IL 60005  
(847) 758-4900 • FAX (847) 758-4908

### EQUIPMENT/SOFTWARE CHECKOUT FORM

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

Equipment Description/Software Title/s:

\_\_\_\_\_ Serial # \_\_\_\_\_

\_\_\_\_\_ Serial # \_\_\_\_\_

Reason for Checkout:

\_\_\_\_\_  
\_\_\_\_\_

Anticipate Length of Checkout Time: \_\_\_\_\_

My signature indicates that I am responsible for the care of the above equipment and/or software (as well as any cables and miscellaneous parts not listed but included). The above equipment/software will be returned in the same condition that it was when I received it.

I understand and agree my liability in case of damage or theft is up to the full replacement value.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Check Out Date: \_\_\_\_\_ Date Returned: \_\_\_\_\_