

Device Checkout  
**Information Card**



Please fill out the attached Device Checkout Information Card **PRIOR** to pick up

**Student Name** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**School Name** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

*Taking Responsibility of the Device and Charger. You are responsible for the device. If it is lost, broken or damaged during this time, you will be held financially responsible for the device.*