



**Bethlehem Area School District**

**Office of Information Technologies**

**Technology/Audio-Visual Sign-Out Form for Employees**

Please complete the form below and return it to the main office of your school.

Employee Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Technology/Audio-Visual Equipment Information**

Make \_\_\_\_\_ Model \_\_\_\_\_

Serial Number \_\_\_\_\_ BASD Number \_\_\_\_\_

Date Borrowed \_\_\_\_\_ Expected Date of Return \_\_\_\_\_

By signing below, I am acknowledging that I am borrowing the above equipment from the Bethlehem Area School District. I promise to keep the equipment secure at all times and that I will not install software or attempt to change the configuration of the equipment. I am responsible for any/all damages to the equipment that occur while it is in my possession.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Date Returned \_\_\_\_\_ Rec'd by: \_\_\_\_\_

pc: Building Support Technologist  
Director of Information Technologies