



Bethlehem Area School District

Office of Information Technologies

Technology/Audio-Visual Sign-Out Form for Students

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

Student Name _____ School _____

Teacher's Name _____

Parent Name _____

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 computer that occur while it is in my possession.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Administrator's Signature _____

Date Returned _____ Rec'd by: _____

pc: Building Support Technologist
Director of Information Technologies