



Overnight Technology Checkout Form

Please complete the first section of this form to request a device to be sent home with your student overnight. The form must be completed and approved before a device can be issued to the student.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Dates being requested for checkout: _____ - _____

Reason for request: _____

Parent Signature: _____

Lower portion to be completed by Admin then returned to the student.

Approved

Checkout Date: _____ Return Date: _____

Denied

Comments: _____

Tech Signature: _____

Principal Signature: _____

Chromebook SN	
Chromebook MAC	
Charger Number	

Lower portion to be completed upon return of the above issued items. Failure to return all items on the above specified return date will result in a late fee charged as \$5 per day.

Device Received By: _____

Device Return Date: _____

If returned late, total charged for late fee: _____

Damages: _____

Total charged for damages: _____