



UNITED INDEPENDENT SCHOOL DISTRICT

TO: Mike Garza, Associate Superintendent Administration Operation Services
Rebecca C. Morales, Assistant Superintendent Administration and Policies
Laida Benavides, Chief Financial Officer
Administrators in Charge

FROM: Emma S. Leza 
Associate Superintendent of Curriculum & Instruction

DATE: June 3, 2024

SUBJECT: Uniform Transfer Agreement for Students

The following students graduated in May 2024 and a District Equipment Transfer Agreement has been generated to transfer assistive technology devices with appropriate applications to graduating students' parent(s) pursuant to Texas Education Code §30.0015.

- **Transferee: Miguel Angel Del Rio ID#102056**
 - **Description of Assistive Technology Device (ATD)**
 - iPad
 - **Software:** Proloquo2Go AAC
- **Transferee: Priscilla Ortiz ID#133545**
 - **Description of Assistive Technology Device (ATD)**
 - iPad: iPad Pro
- **Transferee: Carol Hernandez #ID 179726**
 - **Description of Assistive Technology Device (ATD)**
 - CCTV Monitor 22"
 - Brailiant Note Touch +
 - **Eye Camera:** Orcam
 - iPad: iPad Pro

Attached are the Uniform Transfer Agreement

DISTRICT EQUIPMENT TRANSFER AGREEMENT

(For the Sale of an Assistive Technology Device Pursuant to Texas Education Code §30.0015)

Transferor: United Independent School District

Date: 5/22/2024

Transferee: Carol Hernandez #ID 179726

Description of Assistive Technology Device (ATD)

DEVICE 1

Laptop: CCTV Monitor 22" ✓ SERIAL NUMBER: P0807075 TAG NUMBER: G063064
Purchase Date: 11/14/2017 Purchase Amount: \$2322.00

DEVICE 2

Braille Note: Brailiant Note Touch + ✓ SERIAL NUMBER: 650500001904 TAG NUMBER: G093590
Purchase Date: 7/15/2020 Purchase Amount: \$5,695.00

DEVICE 3

Eye Camera: Orcam SERIAL NUMBER: 1121037466 TAG NUMBER: N/A
Purchase Date: 1/17/2023 Purchase Amount: \$3800.00

DEVICE 4

iPad: iPad Pro SERIAL NUMBER: R09TQGPNNW TAG NUMBER: G095484
Purchase Date: 5/5/2023 Purchase Amount: \$1278.00

Terms of Transfer (including the transfer of warranties, if applicable):

ALL WARRANTIES AND RESPONSIBILITIES, IF APPLICABLE, TRANSFER OVER TO TRANSFEEE

Determination of Fair Market Value*: The parties agree that the sale price specified herein is consistent with the fair market value of the ATD, determined in accordance with 19 TAC §89.1056(b)(1) and generally accepted accounting principles.

Cost to Parent = \$ 1.00

Executed this _____ day of _____, 2024

Transferor: UISD - Special Education

Transferee: Erendira Gonzalez

Request Information

By: Emma Leza _____ By: Yolanda Guajardo
Title: Associate Superintendent Curriculum & Instr. Title: Parent
By: Belinda Manning *Belinda Manning*
Title: Instructional Coordinator - Assistive Technology

Yes No I have been fully informed and understand the school's request for my consent as described above.

Yes No I agree to the transfer of assistive technology as described above.

Yes No I understand that my consent is voluntary and may be revoked.

[Signature]
Signature of Parent/Adult Student

06/25/2024
Date

* After fair market value is determined under 19 TAC §89.1056(b)(1), a local education agency that has purchased an ATD with federal funds shall determine whether a financial obligation to the Texas Education Agency exists under 34 CFR §80.32(e).

Texas Education Agency April 2002



United Independent School District Transfer/Disposal Form

Select If Transfer or Disposal:

DISPOSAL

Page **1** of **1**

Highlighted cells must be typed.

E-MAIL for fixedassetsform@uisd.net

Pickup Room#(s)/Bldg:

Campus/Department Only

Requested Date: 05/22/24 Campus/Organization: **832 SPECIAL EDUCATION DEPARTMENT**
 Requested By: Belinda Manning Email: bmanning@uisd.net Phone: 956473-2148 Fax: _____
 Requested By: Belinda Manning Signature Date: 5/29/2024
 Title: Assistive Technology Coordinator Date: 6/25/24
 Approved By: [Signature] Signature Date: 6/25/24
 Principal/Director/Fixed Assets Liaison

For Technology Equipment Only

Technician: MICHAEL ALEXANDER Signature Date: 6/23/24
 E-mail: MICHAEL.ALEXANDER@UISD.NET Phone: 2123

Note: Transfer/Disposal forms containing technology items require a technician's approval. Technology equipment includes Monitors, CPUs, Printers, EKI, Projectors, Scanners, IPADS, or the like. Consult with your Technician if you have questions on any assets that could be technology related.

Item Description	Tag # (If Applicable)	Serial Number# (If Applicable)	Number of Items	Condition Good or Bad
1.) CCTV Monitor 22"	<input type="checkbox"/>	G063064	<input type="checkbox"/>	
2.) Brailiant Note Touch +	<input type="checkbox"/>	G093590	<input type="checkbox"/>	
3.) ORCAM	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
4.) iPad Pro	<input type="checkbox"/>	G095484	<input type="checkbox"/>	
5.)	<input type="checkbox"/>		<input type="checkbox"/>	
6.)	<input type="checkbox"/>		<input type="checkbox"/>	
7.)	<input type="checkbox"/>		<input type="checkbox"/>	

UNITED ISD



G095484

are not picked up by Fixed Assets/Technology. Make sure that someone from your campus/department is available at the time of pick up to verify that all items were disposed/transferred property and on the form will require a new request. Items to be picked up must be in a centralized location. Remember to provide a copy to your campus administrator and retain one for your records. All forms!

For Transfers Only

Transferred To: _____ Room No.: _____
 Campus/Organization: _____ If Applicable
 Received By: _____
 Received By: _____
 Title: _____
 Date: _____

FIXED ASSETS DEPARTMENT USE ONLY

Control #: _____
 Fixed Assets Clerk: _____
 Fixed Assets Worker: _____
 Campus Dept./Employee (Verified Disposal Picked Up) _____
 Date of Disposal _____
 Disposal Completed Date _____

DISTRICT EQUIPMENT TRANSFER AGREEMENT

(For the Sale of an Assistive Technology Device Pursuant to Texas Education Code §30.0015)

Transferor: United Independent School District

Date: 5/22/2024

Transferee: Miguel Angel Del Rio ID#102056

Description of Assistive Technology Device (ATD)

DEVICE 1

iPad: iPad

SERIAL NUMBER: F9FD34HYMF3R

TAG NUMBER: SD040616

Purchase Date:

Purchase Amount: \$ 392.00

PO# 20012714

IPAD APP FOR COMMUNICATION:

Software: Proloquo2Go AAC

SERIAL NUMBER: N/A

TAG NUMBER: N/A

Purchase Date: 8/2014

Purchase Amount: \$249.99

Terms of Transfer (including the transfer of warranties, if applicable):

ALL WARRANTIES AND RESPONSIBILITIES, IF APPLICABLE, TRANSFER OVER TO TRANSFEREE

Determination of Fair Market Value*: The parties agree that the sale price specified herein is consistent with the fair market value of the ATD, determined in accordance with 19 TAC §89.1056(b)(1) and generally accepted accounting principles.

Cost to Parent = \$1.00

Executed this _____ day of _____, 2024

Transferor: UISD - Special Education

Transferee: Miguel Angel Del Rio

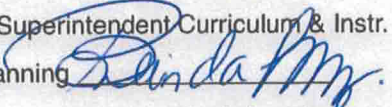
Request Information

By: Emma Leza _____

By: Angelica Del Rio

Title: Associate Superintendent Curriculum & Instr.

Title: Parent

By: Belinda Manning 

Title: Instructional Coordinator - Assistive Technology

- Yes No I have been fully informed and understand the school's request for my consent as described above.
- Yes No I agree to the transfer of assistive technology as described above.
- Yes No I understand that my consent is voluntary and may be revoked.



Signature of Parent/Adult Student

Date

* After fair market value is determined under 19 TAC §89.1056(b)(1), a local education agency that has purchased an ATD with federal funds shall determine whether a financial obligation to the Texas Education Agency exists under 34 CFR §80.32(e).



United Independent School District Transfer/Disposal Form

E-MAIL for fixedassetsform@uisd.net Pickup Room#(s)/Bldg: _____

Campus/Department Only

Requested Date: 06/03/24 Campus/Organization: **832 SPECIAL EDUCATION DEPARTMENT**

Requested By: Belinda Manning Email: bmanning@uisd.net Phone: 956-473-2148 Fax: _____

Requested By: Belinda Manning Date: 6/3/2024 Approved By: [Signature] Date: 6/25/24

Title: Assisive Technology Department Principal/Director/Fixed Assets Liaison

For Technology Equipment Only

Technician: MICHAEL ALVARADO Signature: [Signature] Date: 6/25/24

E-mail: MICHAEL.ALVARADO@UISD.NET Phone: 2123

Note: Transfer/Disposal forms containing technology items require a technician's approval. Technology equipment includes Monitors, CPUs, Printers, EIKI, Projectors, Scanners, IPADS, or the like. Consult with your Technician if you have questions on any assets that could be technology related.

Item Description	Tag # (If Applicable)	Serial Number# (If Applicable)	Number of Items	Condition Good or Bad
1.) iPad	SD040616	F9FD34HYMF3R	1	Good
2.)				
3.)				
4.)				
5.)				
6.)				
7.)				
8.)				
9.)				
10.)				

Note: Items not checked to the right of the form means that they were not picked up by Fixed Assets/Technology. Make sure that someone from your campus/department is available at the time of pick up to verify that all items were disposed/transferred properly and to sign the completed request. Items not picked up and/or not on the form will require a new request. Items to be picked up must be in a centralized location. Remember to provide a copy to your campus administrator and retain one for your records. All forms need to be e-mailed to: fixedassetsform@uisd.net. Please contact the Fixed Assets Department if you have any questions on any of the procedures.

For Transfers Only

Transferred To: _____ RoomNo.: _____ If Applicable

Received By: _____ Signature: _____

Received By: _____ Signature: _____

Title: _____ Date: _____

Phone: _____ Email: _____

FIXED ASSETS DEPARTMENT USE ONLY

Control #: _____

Fixed Assets Clerk: _____ Signature: _____

Fixed Assets Worker: _____ Signature: _____

Campus Dept./Employee (Verified Disposal Picked Up) _____ Date of Disposal _____

Disposal Completed Date _____

DISTRICT EQUIPMENT TRANSFER AGREEMENT

(For the Sale of an Assistive Technology Device Pursuant to Texas Education Code §30.0015)

Transferor: United Independent School District

Date: 5/22/2024

Transferee: Priscilla Ortiz ID#133545

Description of Assistive Technology Device (ATD)

DEVICE 1

iPad: iPad Pro

SERIAL NUMBER: DLXXC13UHND7

TAG NUMBER: G082896

Purchase Date: 10/8/2018

Purchase Amount: \$1,266.00

PO# 18001794

Terms of Transfer (including the transfer of warranties, if applicable):

ALL WARRANTIES AND RESPONSIBILITIES, IF APPLICABLE, TRANSFER OVER TO TRANSFEEE

Determination of Fair Market Value*: The parties agree that the sale price specified herein is consistent with the fair market value of the ATD, determined in accordance with 19 TAC §89.1056(b)(1) and generally accepted accounting principles.

Cost to Parent = \$1.00

Executed this _____ day of _____, 2024

Transferor: UISD - Special Education

Transferee: Priscilla K. Garcia


Request Information

By: Emma Leza _____

By: Marissa Aguilar

Title: Associate Superintendent Curriculum & Instr.

Title: Parent

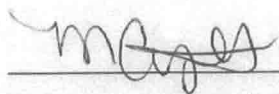
By: Belinda Manning 

Title: Instructional Coordinator - Assistive Technology

Yes No I have been fully informed and understand the school's request for my consent as described above.

Yes No I agree to the transfer of assistive technology as described above.

Yes No I understand that my consent is voluntary and may be revoked.



Signature of Parent/Adult Student

Date

* After fair market value is determined under 19 TAC §89.1056(b)(1), a local education agency that has purchased an ATD with federal funds shall determine whether a financial obligation to the Texas Education Agency exists under 34 CFR §80.32(e).

Texas Education Agency April 2002



United Independent School District Transfer/Disposal Form

E-MAIL for fixedassetsform@uisd.net

Pickup Room#(s)/Bldg: _____

Campus/Department Only

Requested Date: 05/22/24 Campus/Organization: 832 SPECIAL EDUCATION DEPARTMENT

Requested By: Belinda Manning Email: bmanning@uisd.net Phone: 956-473-2148 Fax: _____

Requested By: Belinda Manning Approved By: [Signature] Date: 6/25/24

Title: Assistive Technology Coordinator Principal/Director/Fixed Assets Liaison

For Technology Equipment Only

Technician: [Signature] Date: 6/19/2026

E-mail: MICHAEL.ALEXANDRO@UISD.IG Phone: 2123

Note: Transfer/Disposal forms containing technology items require a technician's approval. Technology equipment includes Monitors, CPUs, Printers, EIK, Projectors, Scanners, IPADS, or the like. Consult with your Technician if you have questions on any assets that could be technology related.

Item Description	Tag # (if Applicable)	Serial Number# (if Applicable)	Number of Items	Condition Good or Bad
1.) iPad Pro	G082896			
2.)				
3.)				
4.)				
5.)				
6.)				
7.)				
8.)				
9.)				
10.)				



Note: Items not checked to the right of the form means that they were not picked up by Fixed Assets/Technology. Make sure that someone from your campus/department is available at the time of pick up to verify that all items were disposed/transferred properly and to sign the completed request. Items not picked up and/or not on the form will require a new request. Items to be picked up must be in a centralized location. Remember to provide a copy to your campus administrator and retain one for your records. All forms need to be e-mailed to: fixedassetsform@uisd.net. Please contact the Fixed Assets Department if you have any questions on any of the procedures.

For Transfers Only

Transferred To: _____ Room No.: _____ If Applicable

Received By: _____ Campus/Organization: _____

Received By: _____ Signature: _____

Title: _____ Date: _____

Phone: _____ Email: _____

FIXED ASSETS DEPARTMENT USE ONLY

Control #: _____

Fixed Assets Clerk: _____ Signature: _____

FIXED ASSETS DEPARTMENT FOR DISPOSALS ONLY

Fixed Assets Worker: _____ Signature: _____

Campus Dept./Employee (Verified Disposal Picked Up) _____ Date of Disposal _____

Signature: _____ Disposal Completed Date _____