

Hudson County Schools of Technology Technology Services Equipment Loan Form

Date _____

The following items have been loaned to:

Name: _____ Center _____

QTY	Description	Serial #	TAG #

Accessories: (List components, cables, etc. included)

Please provide a brief description of what the equipment will be used for:

I understand that the above items have been loaned to me in good working condition for the reasons stated above:

Superintendent's Signature: _____ Date: _____
(For Approval)

Principal's Signature: _____ Date: _____
(For approval)

Borrower's Signature: _____ Date: _____
(For Approval/Required)

Technology Services: _____ Date: _____

Student Signature: _____ Date: _____
(If equipment loaned to student)

Equipment Returned:

Received By: _____ Date: _____