## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Brand and Device Serial #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following and indicate your acceptance by signing at the bottom.**

1. I acknowledge receipt of the device and associated hardware. (bag, device, power cords etc.)

2. I acknowledge receipt of all the software that is installed on the device. I understand that all software obtained by Calhoun County Schools through its academic licensing program is the property of the system.

3. I understand that I may not make copies of or loan the software on this device, nor may I install any software for which I do not have appropriate licensing. I further understand that I am responsible for any penalties incurred for the installation or use of any illegal or pirated software or files on this device.

4. I understand that I must immediately report loss or suspected theft of the device to the Calhoun County Schools Technology Department and must make sure an official report is made with local law enforcement.

5. I understand that I am financially responsible for a lost or stolen device and am responsible for all damages to this device that are not covered by warranty, or deemed acceptable as normal wear and tear. Our warranties do not cover spilled liquids, damage from dropping, unprotected power surges, or damaged screens.

6. I understand that if this device needs repair, I am to submit a work order and deliver it to the Technology Dept. for authorized repair and/or service.

7. I understand that I will be identified on the Calhoun County Schools network by the address of the
Network Interface Card and/or machine name and that I will be held responsible for all communications originating from that address.

8. I understand that when leaving employment with Calhoun County Schools, I must return the device and all peripheral equipment by the last day of employment. I further understand that the device must be in good working order, along with all peripheral equipment, or I will be held liable for the replacement cost of each item. (i.e. bag, device, power cords, docking station)

9. I understand the device should travel in the protective case in moderate temperature environments, and it is not to be “check-in” luggage during travel.

10. I understand that the device must be returned on any and all school-designated check-in dates.

**I have read, understand, and agree to abide by the above requirements.**

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_