T **ALLADEGA COLLEGE**
COMPUTER CENTER
Software/Equipment Check-out Form

Check One:

☐   F ACUL TY   NAME: _____

☐   STAFF   DEPARTMENT: _____

MAXIMUM DAYS NEEDED:

CHECK-OUT DATE: _____ CHECK-IN DATE: _____

PURPOSE:

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PRINTER: _____

LAPTOP   _____

PROJECTOR: _____

COMPUTER: _____

OTHER: _____

STATUS: [ ] Excellent   [ ] Good   [ ] Poor

Additional Equipment:

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By signing this form, I acknowledge my possession, and agree to all the terms that are outlined in this document. I will take full responsibility for the equipment while in my possession. If I incur any problems with the laptop during my possession, I will report this problem to the Computer

Center when the equipment is return.

_____

Print the Name and signature of the recipient   *Date*

_____

Signature of IT Personnel   *Date*