



Education Technology Equipment Checkout Form

Reserve

Date _____ Name _____

School/Organization Name _____

Phone Number _____ Email _____

Equipment Type, Description, & Quantity _____

Equipment ID Number(s) _____

Purpose _____

Dates needed _____

Check-Out

Date _____

Condition _____

Foundation signature _____

User signature _____

Return

Date _____

Patron Signature _____

Return comments _____
