Technology Equipment

Student Device, Accessories and Hotspot Return Form

Student & Device Information

1. Student Name: _____ _ _____ _____
   First Name Middle Name Last Name
2. School Name: _____ School ID (if known): _____
3. Return Date: _____ Barcode: _____

Device, Accessories and Hotspot RETURNED

_____ Device (Laptop or iPad)
_____ Charger
_____ Laptop Sleeve or iPad Case
_____ **2nd Grade ONLY:** iPad Keyboard
_____ Hotspot
_____ Hotspot Charger, Battery, and Bag

Device, Accessories and Hotspot BROKEN or DAMAGED

_____ Keyboard Damage or Missing Keys
_____ Broken Headphone Jack
_____ Broken Mouse Track Pad
_____ Screen Damage
_____ Device will not turn on
_____ Other (Describe): _____
_____
_____ NO Damage Found

The student acknowledges the returned equipment and any damage is true as noted.

Student/Parent Signature _____ Date _____ Staff Initials____

DISTRICT USE ONLY

Date Checked into Destiny: _____ Initials: _____