MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT
DEVICE LOAN AGREEMENT FOR EDUCATIONAL HOME USE

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Parent/Guardian Email Address: _____

Parent/Guardian will be responsible for any repair or replacement of the borrowed device and any provided accessories.

TERMS OF AGREEMENT

The Monroe County ISD agrees to loan assistive technology for student educational home use. The student/parent and/or guardian agree to the following terms:

- I understand that I am responsible for the replacement value if the device is stolen or lost.
- I understand I am responsible for the repair costs of the device if damaged during this borrowing period.
- I understand the device remains the property of the Monroe County Intermediate School District.
- I agree to return the device to the District in the same condition it was issued to student.
- I have read the Monroe County ISD User Policy Agreement.
- I will immediately notify the District if the device is lost, stolen or damaged.
- I will ensure the device is used for educational purposes only.
- I will not modify the device in any way. This includes repair, maintenance, installing or deleting software or applications.
- I will obey all Copyright Laws.

Violation of the above policies will result in immediate termination of the loan.

SIGNATURES

_____ _____

Parent or Guardian Signature **Student Signature (if over 18)**

Date: _____ **Date:** _____

FOR INTERNAL USE ONLY (must be completed by supervisor)

Rationale for loan of equipment: _____

_____

_____

Date of Loan: _____ Loan Time Period: _____

Monroe County ISD Administrator's Approval:

_____ _____

Administrator's Name **Administrator's Signature**

Device Identification Number: _____

Accessories: _____ Cover _____ Charger _____ Other