Name: Jackson, Tambra	
Phone:	
Email:	
Purpose: Faculty Use for Class 🗘	
Equipment: Desktop Dell Serial: 685MPD2	
Rental Date: 12/10/2019	
Return Date: 12/11/2019	
I understand that the following conditions will apply to all equipment: a. It will only be used by me for school related activity;	
b. I assume liability for damage or theft and will be responsible for the repair or	
replacement costs of each item (I will consult my personal homeowners or a insurance coverage policies);	uto
c. I will not store any confidential or sensitive information as defined by the I	U Security
Office policy on the equipment, http://protect.iu.edu/cybersecurity/data;	
d. I will report the loss or theft of the equipment immediately to Education Te	echnology
Services; e. I will exercise reasonable care in its transport and use;	
f. I will return the equipment on the agreed Return Date/Time indicated above immediately prior to terminating employment with IU School of Education at	
upon the request of Education Technology Services.	
Rentee Signature: Date:/_	/
APPROVAL: Date:/_	_/