RENTAL FORM

Name: Phone:
Email: Purpose: Faculty Use for Class
Equipment: Desktop Dell Serial: 7YBG9N2
Rental Date: mm/dd/yyyy Return Date: mm/dd/yyyy
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 auto insurance coverage policies); c. I will not store any confidential or sensitive information as defined by the IU 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 Technology 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 OR immediately prior to terminating employment with IU School of Education at IUPUI OF upon the request of Education Technology Services.
Rentee Signature: Date:/
APPROVAL: Date:/