RENTAL FORM

Name: Phone: Email: Purpose: Faculty Use for Class	
Equipment: Desktop Desktop Serial: 7YBG9N2	
Return Date: mm/dd/yyyy I understand that the following conditions will apply to a. It will only be used by me for school related activity, b. I assume liability for damage or theft and will be resplacement costs of each item (I will consult my persinsurance coverage policies); c. I will not store any confidential or sensitive informat Office policy on the equipment, http://protect.iu.edu/cd. I will report the loss or theft of the equipment immer Services; e. I will exercise reasonable care in its transport and uf. I will return the equipment on the agreed Return Darimmediately prior to terminating employment with IU upon the request of Education Technology Services.	sponsible for the repair or onal homeowners or auto tion as defined by the IU Security ybersecurity/data; ediately to Education Technology se; te/Time indicated above OR
Rentee Signature:	Date://
APPROVAL:	Date://