

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 708.4P Adopted April 2017 Revised _____

Title **Request to Borrow Equipment with Value Exceeding \$500**

If your student would like to borrow district equipment that exceeds \$500 in value, fill out the following form and submit it to school administration. All equipment use is subject to the provisions of District Administrative Regulation 708.4AR (Use of District Equipment by Employees, Students and Volunteers).

Equipment my student would like to borrow _____

Estimated value of equipment (must be verified by school): _____

Serial or other identifying number (if available, must be verified) _____

Student will use the equipment to _____

Student would like to borrow the equipment:

from _____ to _____
(time and date) (time and date)

I understand that this is a loan to my student and I am responsible for returning the equipment on time and undamaged. My student and I will exercise due care for the protection of the equipment and will not use the equipment for personal profit, to loan to or be used by other persons, or for illegal activities. I acknowledge that the equipment is valuable and will be expensive to replace. As a condition of loaning the equipment for my student's use, I acknowledge I am responsible for loss, theft or damage while the equipment is in student's care, and I agree to reimburse the district for any such loss, theft or damage. In the event of loss, theft or damage, I am responsible for promptly reporting the loss, theft or damage to the administrator authorizing the loan. I agree that my personal insurance, if applicable, shall be primary to the District's insurance in the event an insurance claim is made.

Name of parent

Name of student

X _____
Signature of student's parent

Date _____

Notes to staff:

- ***This form does not apply to district-owned devices (e.g., tablets and computers) supplied to students subject to a separate user agreement.***
- ***Prior to any approval, staff should verify that estimated value and serial or identifying number (if any) are accurate.***

Request Approved Denied

By
X _____
Signature of principal, district-level department head or designee

Date _____

Retention Period: Through the student's school-level