



Technology Equipment

Student Device, Accessories and Hotspot Return Form

Student & Device Information			
Issued to:	Last Name	First Name	
School:		ID#:	
Return Date:		Barcode:	

Device / Accessories and Hotspot RETURNED	
RETURNED	
<input type="checkbox"/>	Device (Laptop or iPad)
<input type="checkbox"/>	Charger:
<input type="checkbox"/>	Laptop Sleeve or iPad Case:
<input type="checkbox"/>	2 nd Grade ONLY – iPad Keyboard:
<input type="checkbox"/>	Hotspot:
<input type="checkbox"/>	Hotspot Charger, Battery, and Bag:
Device / Accessories and Hotspot BROKEN	
DAMAGE	
<input type="checkbox"/>	Keyboard Damage or Missing Keys:
<input type="checkbox"/>	Broken Headphone Jack:
<input type="checkbox"/>	Broken Mouse Track Pad:
<input type="checkbox"/>	Screen Damage:
<input type="checkbox"/>	Device will not turn on:
<input type="checkbox"/>	Other (describe):
<input type="checkbox"/>	No Damage Found

The student acknowledges the returned equipment and any damage is true as noted.

Student/Parent Signature _____ Date _____ Staff Initials _____

School Use ONLY

Date Checked into Destiny: _____ Initials: _____