



College of Health & Rehabilitation Sciences: Sargent College
GEORGE K. MAKECHNIE STUDY CENTER

LAPTOP/LCD SIGN OUT FORM

Faculty Name: _____

Item Requested: _____

Date of Request: _____

Time & Date the Item will be taken from the MSC: _____

Time & Date the Item will be returned to the MSC: _____

The faculty person and respective department who assume responsibility for this computer also assume financial responsibility (approximately \$3000.00-\$5500.00) for any repairs, damage or loss.

Please do not put on any passwords, do not add any software and please remove all of your files before you return the computer to MSC. Thank you!

Faculty Signature: _____

Department Chairperson Signature: _____

MSC Staff Signature: _____

MSC Staff, enter serial numbers: _____

Resolution: Item was returned on: _____ MSC staff initials: _____

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