

Equipment Loaner Request Form

(Resources are available for a 2-week loan)

Name *(please print)*: _____
(First) (Last)

Email Address: _____

School: _____ District: _____

School Phone: _____ Home Phone: _____

Would like to request the following equipment:

- _____ # of Gateway Laptops (17 max.)
- Wireless Airport Hub
- LCD Projection Device
- InterWrite Schoolpad, Bluetooth Receiver, Software



Requested for (dates/time of pick up & drop off):

(First Choice)

(Second Choice)

Comments: _____

Equipment Checkout

Reservations: On a first call first served basis. Please fax this form to Kelly Laidley at 925/296-1415.

Responsibility: The equipment is being loaned with the understanding that it will be used responsibly.
It is your responsibility to guard against damage and theft.

Signature: _____ Date: _____

Equipment must be picked up and returned to CCCOE MultiMedia Lab.

The individual use of the equipment must be in support of education, research and ongoing job requirements and must be consistent with academic expectations of your district. Use of districts' networks or resources must comply with the rules appropriate for that network. Transmission of any material in violation of U.S. or state regulations including copyrighted, threatening, or obscene materials is prohibited.

Contact Information:

Eileen C. Walters 925/942-5399
Kelly Laidley 925/942-3451

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