

Digital Device Agreement Form

Last Name, First

Mailing Address

Telephone

City, State

Zip

Email

I, _____, affirm that I have read and agree to adhere to the Digital Device policy and rules. I understand that I am responsible for any damage to or theft of the Kindles/iPads checked out to me. I understand that I will be held financially responsible at the rate outlined in the Digital Device Policy.

Print Name

Signature

Date

Parent or Legal Guardian
(Applicable for minors)

Parent or Legal Guardian Signature

Check ID: _____

Staff Initials _____

Date: _____