



NNMC IT EQUIPMENT CHECKOUT FORM

Date: _____

Name: _____

Department: _____

Banner ID: _____

Room #: _____

Cell Phone #: _____

E-Mail Address: _____

Description: _____

Tag #: _____

Loan Date: _____

Return Date: _____

Accessories: _____

Guidelines and Policies:

NNMC has authorized your use of the above referenced equipment and/or accessories. Therefore, you are required to abide by NNMC Acceptable Use Policies as well as the following:

- I will ONLY use the device to support my work at NNMC.
- I will not add, delete from, or alter any software programs previously installed in computer.
- I will not download, nor will I save, any pictures, music and/or other files from the Internet, unless it is authorized by the IT Director or an IT Technician.
- I will not send or view fraudulent, harassing, obscene, indecent, pornographic, intimidating or unlawful communications.
- I will ensure that all disks, flash drives, and CD's inserted in the device are virus free.
- I will not lend this device to anyone, as I will be the only person responsible for it.
- I will always keep the device safe, and in good condition.
- I understand that failing to comply with these guidelines will result in losing my privilege to check out any other NNMC equipment in the future.
- **I understand this device and accessories must be returned by the end date specified above. If I do not return it promptly, I will be responsible for paying the full replacement.**
NNMC will not be held responsible for loss of Personal Identifiable Information (PII) on this device.
- I understand that any damages to the computer will be assessed on an individual basis and charged in the same manner and NNMC reserves the right to revoke all privileges on this device anytime.

I fully understand and agree to abide to these guidelines and policies:

Signature: _____

Date: _____

Approved by: _____

Date: _____

RETURN OF EQUIPMENT:

Condition: Good Fair Poor Damaged Lost

Comment:

Signature of IT Director: _____

Date: _____