



**Mukwonago Area School District**  
*Building Better Schools Together*

## District-Owned Equipment Device Take-Home Liability Agreement

I understand that I am requesting use of a district-owned device in my home, therefore accept full responsibility for this device. I consider myself liable per the district-issued equipment policy regarding accidental damage, loss, and theft. As such, I agree to the following:

- I received a copy of the district-issued equipment policy regarding accidental damage, loss and theft.
- I understand I am liable to replace the device at direct replacement cost should it be lost/stolen while in my possession, as stated in the district-issued equipment policy regarding accidental damage, loss and theft.
- I understand the equipment will be used for educational purposes only.
- I am aware of the Mukwonago Area School District's technology policies.

### I.T. Staff Member

**Device Type:**       iPad       Chromebook       Laptop       Other

**Device ID:** \_\_\_\_\_

**Device S/N:** \_\_\_\_\_

### Teacher

**Student Name:** \_\_\_\_\_

### Parent/Guardian Acceptance:

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Print Name	Signature	Date
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*Teacher: Please return signed form to Mukwonago High School, I.T. Services Department, Attn: Kelly Kovnesky*