Mukwonago Area School District
I.T. Services Department

District Equipment Family Liability Agreement

I understand that I am requesting use of a district-owned device in my home and accept full responsibility and 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 this district-owned equipment is being issued in good faith and will be used for educational purposes only.
- ☐ I am aware of the Mukwonago Area School District's technology policies.

Device Make/Model/Serial Number: _____

Parent/Guardian Acceptance:

_____

Print Name **Signature** **Date**

I.T. Staff Member

_____

Print Name **Signature** **Date**

Return signed form to Kelly Kovnesky at Mukwonago High School, I.T. Department