

**APPROPRIATE USE OF MOBILE DEVICE BY STUDENT
SIGNATURE FORM**

Sign-out Date: _____ Device Type: _____

Serial Number: _____ Peripherals Returned: _____

Device in acceptable condition upon release: _____
(Signature of APS staff member distributing device)

Device in acceptable condition upon release: _____
(Signature of APS student receiving device)

Special comments regarding release condition: _____

Student's Name (please print): _____

Student's Signature: _____

School/Grade: _____

Parent/Guardian Name (please print): _____
(Signature required if student is less than 18 years of age)

Parent/Guardian Signature: _____
(Signature required if student is less than 18 years of age)

Student may take device home for use (circle one) YES NO

Principal/Director Signature: _____

Expected date of return: _____ Actual return date: _____

Device returned in acceptable condition: _____
(Signature of APS student returning device)

Device returned in acceptable condition: _____
(Signature of IT staff member receiving returned device)