

MOBILE COMPUTING DEVICE AGREEMENT

Every staff member must read and sign below:

I have read, understand, and agree to abide by the terms of Clark County School District's policies regarding District-provided mobile computing devices (Policy No. 5335). Should any violation or misuse of the device occur while it is in my custody, I understand that I may be subject to disciplinary action, and will forfeit any fees paid for use of the device, regardless of whether the misuse was committed by me or another person.

I accept full responsibility for the safe and secure handling of the device for this school year. I accept full responsibility for the proper use and safeguarding of the device under all applicable policies. I understand that it is my responsibility to immediately report any damage, theft, or problems with the device to a teacher or administrator.

_____ I do not wish to take the device home at this time.

User's Name (Print) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Signature: _____

Policy History:

Adopted on: 05/13/2013

Revised on: