

DICKINSON INDEPENDENT SCHOOL DISTRICT

**Request to Place a Personally Owned Appliance,
Electronic Device, Personal Computer in Classroom/Area
Request to Purchase a District Owned Appliance, Electronic Device**

Administrative approval is requested to place a _____
in classroom/area _____ for the following dates: from _____
to _____. The purpose of this item is: *(for district owned appliances is this a new
(additional) item or replacement for a broken item?)* _____

Personally Owned Appliance Acknowledgments:

- 1. I accept responsibility/liability for any damages or injuries which are caused by this item.

Initials _____

- 2. I understand that the District will not be responsible for theft, damage or repair of a personally owned item. Initials _____

Staff Member (Printed Name)

School/Location

Principal/Supervisor Signature

Date

- cc: Staff Member
Campus File
 Appliance—Director of Energy Management
 Computer/Technology—Chief Technology Officer

Technology Approval/Denial

***to be completed before Energy Management review for all computers and technology related items.*

Approved Date: _____

Disapproved

Chief Technology Officer

Energy Management Approval/Denial

Approved Date: _____

Disapproved

Director of Energy Management