University of Idaho – Coeur d’Alene
Technology Checkout Registration Form

Checkout time is limited to 24 hours for laptops. A fee of $5.00 per half hour will be charged for all overdue laptops, with a $5.0 minimum when overdue

Personal Information

Full name: ____________________________________________, ____________________________________________, ____________________________  
(Last) (First) (Middle)  

Official State/Nation ID: ____________________________ State/Nation: ____________________________  

Local Address: ____________________________________________, ____________________________________________, ____________________________  
(Street) (City) (Zip)  

Local Phone Number: ____________________________ Email Address: ____________________________

Liability Statement

“I agree to pay all costs associated with damage or replacement for any laptop computers and/or their associated peripheral equipment* should they be lost, stolen, or damaged while they are checked out to me. I understand that the replacement cost for these laptop computers and peripherals will be a minimum of $2,000 plus the accrued overdue fine(s) and a non-refundable $10 processing charge. I have read the Wireless Laptop Borrower’s Responsibility Form and agree to abide by all the rules listed therein. I further understand that this liability statement is binding for the duration of my enrollment/employment at the University of Idaho, and covers all occurrences of laptop and/or peripheral checkouts. I further understand and agree that failure to follow all written policies of this program may result in removal of my laptop checkout privileges.”

* I have examined and have found the following items located in the laptop’s backpack:
  - One Laptop Computer (Serial numbers maintained in database at time of checkout)
  - One A/C Adaptor for Laptop (two pieces)
  - One HP USB Mouse for Laptop
  - One USB ArcGIS dongle (Laptops #1-12 only)

My signature below indicates my agreement with the above:

__________________________________________ Date: ____/____/_______

Witness Signature (Checkout personnel only)

__________________________________________ Date: ____/____/_______