

**MOBILE COMPUTING DEVICE AGREEMENT**

*Every staff member must read and sign below:*

I have read, understand, and agree to abide by the terms of the Snake River School District #52'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 the designated 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: \_\_\_\_\_