



I, _____ assume full responsibility for the following devices:

DEVICES REQUESTED:

Sphero (15PK) – Quantity: _____

iPad (15PK) – Quantity: _____

VR Headset – Quantity: _____

Date of Use Range (30 Days Max): _____

Value of Equipment: VR Headset - \$500 ea, iPad (15 pk) - \$6000, & Sphero (15pk) - \$3000

I understand I will be charged a replacement fee in the amount of the above stated value, if the device is not returned by the return date, or if it is damaged, lost or stolen while in my possession. The device will be used for educational purposes only pursuant to TAMUK policies.

These devices will remain in my possession throughout the duration of the requested date range and will be returned to the Office of Student Access (OSA).

Requesters Signature

Date

Requester Title

Contact #

Supervisor or Principal Signature

Date

JHSL Staff Signature

Date

OSA VP Signature

Date

TAMUK ASSET NUMBER or Service Tag of Requested Devices: _____

Date of Approval: _____