



Equipment Check-Out Approval Application

Name _____ Student/Employee ID# _____

Local Address _____ City _____ State _____ Zip Code _____

Phone/Cell _____ Email Address _____

Date of application _____

*Equipment checkout will start at the beginning of each semester, the first day after the date when **Tuition and Fees** must be paid in full.*

Equipment is checked out for a **1-week period ONLY** and must be returned within that timeframe to be inspected. After the equipment is inspected, extensions can be granted for an additional **week** based on availability of equipment and/or waiting lists.

I, _____, hereby, agree to the following guidelines:

_____ *I must return the loaned equipment within the **1-week time limit**. Failure to comply will result in restriction from registering for classes or accessing your meal plan, receiving financial aid and/or obtaining a transcript of grades. In addition, a **\$700 Fine** will be placed on your account.

_____ *I must return equipment in the **same working condition** it was checked-out in. In the event the equipment is damaged, lost or stolen, I agree to **replace the equipment** based on fair market value at the time of the loan.

_____ * I understand that there is GPS tracking software installed on this computer for security reasons and inventory management. If equipment is not returned by the due date, this software will disable the device until returned to the IT Central Office, located in Old Main 108.

_____ *Equipment will be returned **immediately** if I am no longer associated with Minot State University for whatever reason (withdrawal, suspension, and termination). Failure to notify IT Central staff or return equipment will result in legal action.

_____ **Note: IT Central installs software that prevents files from being saved on the laptop hard drive and, therefore, is not responsible for any lost files. Please save all documents to your One Drive or on a USB drive.**

Student Signature: _____

Minot State University does not discriminate based on race, national origin, religion, sex, disability, etc. Approval is based solely on verification that requesting student is in "good standing" with the University.

Equipment Check out # _____

IT Central/Help Desk Staff
108 Old Main – 858-4444

Business Office Approval

Name: _____

Date: _____