

Anoka-Ramsey Community College Faculty/Staff Laptop Check-Out Form

This form is to be completed before a laptop is checked-out to a faculty/staff member.

USER INFORMATION

First Name: _____ Last Name: _____ Phone #: _____

Department: _____ Building/Room: _____

Campus: Cambridge Coon Rapids Both Tech ID #: _____

Machine Model: PC: Toshiba _____ Mac: _____

Machine S/N: _____ Asset _____

STATUS (check one)

Faculty Faculty (Adjunct) Staff ARCC Staff
 Faculty (Probationary/Tenured) ARCC Administrators (VP's, Deans)

Comments: _____

CHECK-OUT PERIOD

Start date / Time: _____ Return date / Time: _____

Reason to check out the laptop computer: _____

Requestor/Employee Signature:

_____ Date: _____

Technology Staff Only:

Checked out by: _____ Date _____

Checked in by: _____ Date _____