



Technology Equipment Return Form

Hardware Description: _____

Model Number: _____

S/N: _____ District Tag #: _____

Condition: Good (turns on, no visible damage)

Fair (turns on, scratches or blemishes to body)

Poor (turns on, scratches or cracks in screen)

Not Working

Description of damage: _____

Other Equipment Returned: Charger Case if provided

Building: _____

Name of Returnee: _____

Signature of Returnee: _____

Name of Receiver: _____

Signature of Receiver: _____

Date of Return: _____

Return to: Director Of Technology
Office of Technology, MCCSD
8 43rd Street, Centereach, NY 11720631) 285-8080