

**FACULTY ACCEPTANCE OF THE COMPUTER LAPTOP USAGE**

I \_\_\_\_\_ by accepting this laptop computer agree to the provisions of the Computer Laptop Usage Policy 816 and will accept full responsibility for this laptop as outlined in the stated policy.

Signature of Faculty Member: \_\_\_\_\_

Date: \_\_\_\_\_

The laptop received was in good working condition.

Laptop Manufacturer and Model Number: \_\_\_\_\_

Laptop Serial Number: \_\_\_\_\_

NLSD ID Tag Number: \_\_\_\_\_