



ROME CITY SCHOOL DISTRICT  
DISTRICT EQUIPMENT BORROWING FORM

NAME: *(Please print)* \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ITEM(S) REQUESTED: *(Note: List each item separately, i.e. computer, printer, disc drive)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUILDING *(Origin of Item)*: \_\_\_\_\_

ADDRESS BORROWED ITEM WILL BE HOUSED: \_\_\_\_\_

METHOD OF TRANSPORTING ITEM TO THAT LOCATION: \_\_\_\_\_

METHOD FOR SAFEGUARDING ITEM AT THAT LOCATION: \_\_\_\_\_

DURATION OF LOAN: From \_\_\_\_\_ To \_\_\_\_\_

*(Date)*

*(Date)*

***I assume full responsibility for the return or reimbursement to the District  
for replacing the item(s) borrowed.***

\_\_\_\_\_  
*Signature of Borrower*

\_\_\_\_\_  
*Date*

*(Please remember to attached Indemnification Form)*

Return completed forms to Assistant Superintendent for Operations & Management

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
*Signature, Assistant Superintendent  
Operations and Management*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Date*

RETURN VERIFICATION

Date Returned \_\_\_\_\_

Received By \_\_\_\_\_

*\* Requests must be made at least 14 days in advance*

White - Office File

Yellow - Borrower (upon return of equipment)

Pink - Keep with equipment

The organization identified below agrees to comply with Policy 1020 (Community Use of School Facilities or Equipment) and all other applicable policies, regulations and procedures of the Rome City School District.

The organization agrees to defend, indemnify and hold harmless the Board of Education and/or the City School District of the City of Rome, and/or any of its employees, from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the use of Rome City School District property, facilities, services and/or equipment by the organization and/or the activities, functions, events, affairs or proceeding of the organization.

Organization: \_\_\_\_\_

Authorized Representative:	Signature	_____
	Name	_____
	Title	_____

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