



Faculty / Staff Info	First Name		Last Name		Phone # or Extension		
	Faculty/School/Department			Position Title		Alternate Email (if applicable)	
	Institution <input type="checkbox"/> DC <input type="checkbox"/> UOIT <input type="checkbox"/> Shared		Job Type <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="text"/>			Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Sessional <input type="checkbox"/> Contract <input type="checkbox"/> Other <input type="text"/>	
Asset Info	<input type="checkbox"/> New Issue <input type="checkbox"/> Return <input type="checkbox"/> Hardware Refresh <input type="checkbox"/> Software Re-Image <input type="checkbox"/> Loaner		<input type="checkbox"/> Laptop (PC) <input type="checkbox"/> Laptop (Mac) <input type="checkbox"/> Tablet <input type="checkbox"/> PDA <input type="checkbox"/> Other		Equipment Model		
					Asset Tag		
The following components have been distributed with the Asset indicated above:							
Components	Carrying Case/Bag	<input type="checkbox"/>	AC Adapter	<input type="checkbox"/>	S-Video Adapter (Mac)	<input type="checkbox"/>	
	Security Lock	<input type="checkbox"/>	Power Cable	<input type="checkbox"/>	VGA Adapter (Mac)	<input type="checkbox"/>	
	Network Cable	<input type="checkbox"/>	Modem Cable	<input type="checkbox"/>	Extra Plug for Power Supply (Mac)	<input type="checkbox"/>	
	Battery (installed)	<input type="checkbox"/>	Optical Drive (installed)	<input type="checkbox"/>	Remote Control (Mac)	<input type="checkbox"/>	
Return	Equipment Return Date:		OR	Hardware Refresh Year:			
	Return Comments:						
Notes							
Signatures	Durham College agrees to grant possession and use of the above equipment, to the undersigned Faculty and/or staff, provided it is returned to IT Services when the holder is asked to do so. I, the undersigned, agree I have received the above equipment and/or components and accept responsibility for the protection of the items to the best of my abilities.						
	Faculty/Staff Signature				Date of Signature		
IT Services Signature			Office Notes:				