

EQUIPMENT RELEASE FORM

As part of the *Digital Divide Program*, The School Board of Broward County, Florida "DONOR" releases equipment ownership and any liability derived from its future household use (such as parts or software break-down) to the transferee "RECIPIENT". RECIPIENT acknowledges that he/she received the technology equipment as indicated on this form--with a functioning operating system and installed educational software--from the DONOR at no cost to him/her for his/her household use.

		following information the family are also	`	rmation on school(s)	and
I	First Name	Middle Initial	Las	t Name	
Street A	ddress		Apt. #	City	
State	Zip Code	County	Hor	me Telephone Number	—
CHILD'S 1 2 3	NAME and LAST NA	AME SC	HOOL CURRENT		.DE
Item –Quantity	e complete the follo	wing information:			_
Equipment Des Manufacturer Model:	cription:	Seria	l Number:		
Peripherals: Mouse	<i>-</i>	puter Cables Sp	eakers 🗌		

Software (Please list all software	re installed, including that f	or the operating system):
good working condition. Leves specifications. All central production initialization) and had a clean software upgrades. Software in	rel of technological capabi cessing units donated to the operating system reinstalled istalled is provided "AS IS" onal warranties to these iter	ne use by Donor are operational and in ality depends on the unit's hardward public were re-initialized (low-level) and RECIPIENT is not entitled to any and SBBC is not responsible for any mseither written or implied—exist or orida or its employees.
that The School Board of Brow ownership of the equipment to	all technology equipment a ward County, Florida throug me, free of charge, and tha	as indicated on this form. I understand the Digital Divide Program, released t if the equipment (hardware/software) portation, service, and repair will be a
RECIPIENT's Signature (Child may complete/sign this	form if over 18 years of age	Date
FOR SBBC USE ONLY. To be completed by person at s	school/site distributing the e	quipment to eligible RECIPIENT.
Employee Name	Employee Title	Employee's SBBC Number
Employee's Signature	Date	