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NAME:

EMAIL:

PHONE:

BRONCO ID:

To participate in the Remote Clinical Practice experience or complete the California Teaching Performance Assessment (CalTPA) videos; I, the Cal Poly student/supervisor named above, am checking out and will be responsible for the equipment described below.

By signing this form, I understand and agree that the care and timely return of this equipment in the same condition is my responsibility. I have noted any damage above and understand a **hold** may be placed if I do not satisfy the conditions below.

Select items you would like to check out:

Mini iPad

iPad - Tripod Attachment (iShot Pro)

Phone Clip - Tripod Attachment (Vastar)

Tri-pod

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I **(INITIALS)** will return the above equipment to the CEIS Student Success Center (94-275) within two weeks of my check out date. I will keep the above equipment secure at all times; Any lost or stolen equipment will be my responsibility to replace; Any damaged equipment will be my responsibility to repair.

**Signature:**

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**OFFICE USE ONLY**

**RETURNED ON:**

**RETURNED ON**

**DAMAGES:**