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KRC PARAMEDIC PROGRAM iPAD SIGN-OUT APPLICATION

STUDENT INFORMATION

Name	
Student ID	
Phone Number	
iPad Information	
Serial Number	
Semester	Fall ☐ Spring ☐ Summer Year
Date Due	

Read and Sign

I agree to return the iPad referenced above in good condition no later than the last day of the semester for which it is checked out. If I fail to do so, my student account will be charged the entire replacement cost of $600.

When the iPad is returned, it will be thoroughly examined by KPC staff for any signs of damage or missing components. If anything is found to be faulty, I will be billed the entire replacement cost of $600.

I will be ineligible to register or receive transcripts until the iPad is returned or its full replacement cost paid. If my account is turned over to a collection agency, I will be responsible for the cost of the iPad plus any additional cost of collection.

I am responsible for backing up all the files recorded by the iPad. Upon return, any information captured on the iPad will be erased. KPC is not responsible for data loss.

Signature: *Date Signed out:*

Signature: *Date Returned:*

KPC USE ONLY

iPad, USB, Protective Case and Instructions are included at Checkout & Return

Circle One Yes No

Comments