THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*

DISTRICT 75
BONNIE BROWN, *SUPERINTENDENT*

STANDARD OPERATING PROCEDURES

Educational Vision Services

INVENTORY

NEW YORK CITY **REQUEST FOR OFF-SITE**

PUBLIC SCHOOLS **EQUIPMENT/SOFTWARE UTILIZATION** ***(STUDENT)***

(REV 6/01) ***PRINT LEGIBLY EXCEPT FOR SIGNATURES***

EVS Teachers: Complete sections indicated by arrows.

EQUIPMENT/SOFWARE INFORMATION CURRENT SITE INFORMATION

- ITEM DESCRIPTION:

_____ _____

CURRENT SCHOOL/OFFICE/SITE ADDRESS:

Educational Vision Services, 400 First Avenue, New York, NY 10010

- MODEL NUMBER: _____
- SERIAL NUMBER: _____
- CONDITION OF EQUIPMENT: _____
- NAME OF STUDENT WHO WILL USE EQUIPMENT/SOFWARE OFF-SITE:

_____

REASON FOR OFF-SITE EQUIPMENT USE: Student will use equipment to complete school and home assignments in a timely fashion.

- ADDRESS OF PROPOSED OFF-SITE LOCATION (Student's home address):

_____

_____

- DATE OF EQUIPMENT/SOFTWARE TRANSFER TO THE HOME: _____

EXPECTED DATE OF EQUIPMENT/SOFWARE RETURN TO SITE: **June** _____

Dr. Laurence Gardner • Director • Educational Vision Services
400 First Ave, New York City, NY 10010 • Tel. (917) 256-4259 • FAX (917) 256-4230 • Email: lgardne@nycboe.net

Borrower's Agreement

"I agree to be responsible for the designated equipment/sofware item while it is in my possession and to return it by the above indicated date. If the item is lost, stolen, destroyed or otherwise rendered inoperative while in my possession. I agree to reimburse the Board of Education for the item at replacement value. If the item is damaged, I agree to pay for its repair."

- _____

SIGNATURE OF PARENT OF STUDENT REQUESTING OFF-SITE USE OF THE ABOVE EQUIPMENT/SOFTWARE

- _____

SIGNATURE OF TEACHER DISTRIBUTING THE ABOVE EQUIPMENT/SOFTWARE

Approval Signatures

_____ _____

PRINCIPAL/SUPERVISOR/SITE ADMINISTRATOR/OFFICE HEAD SIGNATURE /EXECUTIVE DIRECTOR SIGNATURE

Certification of Equipment Return

Date of Equipment Return_____

_____ I have inspected the returned equipment and verify it to be the same equipment as described above and have found it to be in the same condition as indicated above.

_____ Equipment was not returned in the same condition as when it left the site as described above. (Please explain below.)

_____

_____

_____

_____

_____

DIRECTOR'S SIGNATURE

PLEASE RETURN TO:

Educational Vision Services
400 First Avenue
New York, NY 10010

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