



## ***MCESC Technology Device Receipt***

### ***TO BE COMPLETED BY THE PARENT/GUARDIAN***

RECEIVED BY (Parent/Guardian Name):	
STUDENT NAME:	
STUDENT ID: (6 digits)	
ADDRESS:	
PHONE:	
<b><i>SIGNATURE:</i></b>	
STAFF MEMBER ISSUING DEVICE:	

I understand that I may be responsible for all damages and potential replacement cost of the device.

Damage/Replacement Cost:	\$64.50
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### ***TO BE COMPLETED BY THE TECHNOLOGY DEPARTMENT***

Issued on:	
Make/Model:	
S/N:	
Inventory Tag:	

This item is to be returned to Montgomery County ESC Learning Center upon request by issuer or completion of the program.

Rusty Clifford, Ph.D.  
Director Adm. and Operations  
Montgomery County ESC  
200 South Keowee Street  
Dayton, Ohio 45402  
937-225-4603 x 3053