



# Laptop Loan Application

DIVISION OF INFORMATION TECHNOLOGY

## STUDENT INFORMATION:

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
FIRST LAST (IF APPLICABLE)

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

Please select program:  Connecting Minority Communities Grant

Do you currently own a laptop?  Yes  No Do you currently have internet access?  Yes  No

What is your primary means of accessing the internet? (please select one)

Phone  Tablet/iPad  Desktop Computer  Laptop Computer

## REGISTRATION DETAILS:

• Registered Course: \_\_\_\_\_

• Course Start Date: \_\_\_\_\_

## ACKNOWLEDGMENT:

I, \_\_\_\_\_, acknowledge that I am borrowing a laptop from **Wayne County Community College District (WCCCD)** for the purpose stated above. I understand and agree to the following terms and conditions:

- I will be responsible for the care and safekeeping of the laptop during the loan period.
- I will use the laptop for educational purposes only and adhere to all school policies and guidelines regarding technology use, including the Acceptable Use Policy. (See attached)
- I acknowledge the recommendation to store personal data on removable devices or cloud services, as all data on the laptop will be wiped upon return.
- I understand that data connectivity speeds will decrease after the allotted 25GB is utilized per month.
- I will not install any unauthorized software or modify the laptop's settings without prior approval.
- I will not remove or tamper with any asset tags, labels, or security measures on the laptop.
- I will immediately report any damages, malfunctions, or loss of the laptop to the IT department.
- I understand that I am liable for any damages or loss of the laptop while it is in my possession.
- I will return the laptop to the IT department by the agreed-upon return date in the same condition as when it was loaned to me.
- I understand that failure to return the laptop on time or in acceptable condition may result in penalties or loss of borrowing privileges.

## STUDENT SIGNATURE

For electronic form: By typing your name in the form field above, you acknowledge this text serves as your signature.

## DATE

## FOR IT USE ONLY

• Laptop Service Tag Number: \_\_\_\_\_ • WCCCD Tag Number: \_\_\_\_\_  
• Laptop Checkout Number: \_\_\_\_\_ • Date Issued: \_\_\_\_\_

## Vice Chancellor, Information Technology / Designee Signature

## DATE

To submit this form electronically: Use Adobe Acrobat Reader to complete this form electronically. Download Adobe Acrobat Reader [get.adobe.com/reader/](http://get.adobe.com/reader/)  
1.) Complete form 2.) Save completed form 3.) Attach completed form to email, then send to: [CertTrainingInfo@wcccd.edu](mailto:CertTrainingInfo@wcccd.edu)