



Student Mobile Device Temporary Sign Out Form

AF5212-L
March 2020

Student Last Name		School	
Device Make:		Model:	
Serial Number:		UserName:	
Date:		Return Date:	
Teacher:			

In consideration of The Rocky View School Division (RVS) permitting use of the above-described device off division property, and intending to be legally bound, I agree to the following:

- Sign and abide by Form AF140-A (Responsible Use of Technology Agreement – Student).
- Take the necessary precautions to ensure the continued working condition and security of the above-mentioned device.
- Report damage to the device to the school principal immediately.
- Understand that personal information may become public, or be accessible by Rocky View Schools, by using the device.
- Protect Rocky View Schools, by not holding RVS responsible, if there is a breach of personal information **due to my use of the device**.
- Notify my school principal and file a police report if the above-mentioned device is lost, stolen, or vandalized.
- File and submit a copy of any police report(s), related to the loss of the device, to the school principal.
- Return the above-mentioned device and all peripherals, in good repair and in working order upon the request of the school principal to the School or Education Centre in Airdrie.
- Return the mobile device by the above indicated return date or request an extension through the School Principal.
- Accept that any costs for the return of the device will be the sole responsibility of the parent/guardian/independent student.
- Abide by all software copyright laws and RVS' Administrative Procedure AP140 - Responsible Use of Technology.
- Comply with restrictions for downloading software. I will not load any software onto the above-mentioned device without the specific permission of the school principal or Technology for Learning Branch.
- Request technical assistance, if required, from the teacher. Technical assistance may be offered through SKYPE or teleconference sessions at the discretion of the School Division.



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I acknowledge that _____ is assigned the above-mentioned device for education purposes only. I understand that during the time _____ is using the device, they are responsible to maintain reasonable care of the device. If damage does occur to the device because of careless usage, the parent/guardian/independent student will be held financially responsible for repairs and/or replacement.

Parent/Guardian/Independent Student Name:

Signature:

Student Name:

Signature:

The information on this form is being collected pursuant to the Education Act and the Freedom of Information and Protection of Privacy Act. Questions concerning its collection or use can be directed to Rocky View Schools FOIP Coordinator, the Associate Superintendent of Business and Operations, by calling 403.945.4000 or by e-mail (busops@rockyview.ab.ca).

This information will be retained in accordance with Rocky View Schools procedures for one year following return of the device.

RVS Office Use Only

Form Received by:		Date:	
Entered into WHD by:		Date:	
Device Return Received by:		Date:	

Reference:

- AP140 Responsible Use of Technology
- AP147 Use of RVS Computer/Devices
- AP5212 Divisional Asset Administration