



EQUIPMENT RELEASE FORM

As part of the **Digital Divide Program**, The School Board of Broward County, Florida “DONOR” releases equipment ownership and any liability derived from its future household use (such as parts or software break-down) to the transferee “RECIPIENT”. RECIPIENT acknowledges that he/she received the technology equipment as indicated on this form--with a functioning operating system and installed educational software--from the DONOR at no cost to him/her for his/her household use.

RECIPIENT, please complete the following information. (Note: Information on school(s) and grade(s) attending for all children in the family are also required.)

First Name	Middle Initial	Last Name

Street Address	Apt. #	City

State	Zip Code	County	Home Telephone Number

Please check this box if you are a School Board of Broward County, Florida employee:

CHILD’S NAME and LAST NAME	SCHOOL CURRENTLY ATTENDING	GRADE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DONOR, please complete the following information:

Item –Quantity _____

Equipment Description:	
Manufacturer	
Model:	Serial Number:

Peripherals:

Mouse Keyboard Computer Cables Speakers

Other (Please describe) _____

Software (Please list all software installed, including that for the operating system):

DISCLAIMER: Central Processing Units released for home use by Donor are operational and in good working condition. Level of technological capability depends on the unit's hardware specifications. All central processing units donated to the public were re-initialized (low-level initialization) and had a clean operating system reinstalled. RECIPIENT is not entitled to any software upgrades. Software installed is provided "AS IS" and SBBC is not responsible for any faults found within. No additional warranties to these items--either written or implied—exist or may be made by The School Board of Broward County, Florida or its employees.

RECIPIENT Acknowledgement:

I acknowledge that I received all technology equipment as indicated on this form. I understand that The School Board of Broward County, Florida through the Digital Divide Program, released ownership of the equipment to me, free of charge, and that if the equipment (hardware/software) needs service at a future date, the cost for the item(s) transportation, service, and repair will be at my own expense.

RECIPIENT's Signature

Date

(Child may complete/sign this form if over 18 years of age.)

FOR SBBC USE ONLY.

To be completed by person at school/site distributing the equipment to eligible RECIPIENT.

Employee Name

Employee Title

Employee's SBBC Number

Employee's Signature

Date