A - Pod

Apple iPod at ASU

Student Checkout Form

I am responsible for the iPod that is checked out to me.

Please Print

iPod Serial #:_____

ASU Decal #:_____

Class:_____

Instructor:_____

Name:_____ ____ _____
First Name MI Last Name

Date of Birth:MM/DD/YYYY____

ASU Email Address:_____

Phone#:_____

I understand that I must return the iPod (which is ASU property) by the end of the semester (date designated by instructor) or a hold may be placed on my record that would block me from registering for classes. I further understand that the hold will be removed once I return the loaned equipment or provide compensation for it.

Signature:_____ Date:_____