



College of Business Administration Virtual Lab Laptop Checkout Registration Form

When checking out a laptop, wireless card or any other peripherals in the College of Business Administration, I understand that I am a subject to the following conditions. If I violate any of the following conditions, my access rights may be revoked immediately and permanently.

1. I will be responsible for any and all equipment I have checked out. I am liable for any damaged and missing equipment I checked out.
2. I understand that I must present a student ID and a second picture ID in order to check out equipment from the College of Business Administration Virtual Lab.
3. I may only check out one (1) laptop at a time.
4. I will return any equipment I have checked out within the specified time period. Permission for extended use will **not** be granted for any reason. However, if equipment is available, check outs can be renewed. Equipment is to be returned to the College of Business Administration Virtual Lab Information Desk **only**.
5. Checking out equipment is a privilege that requires me to be responsible for the equipment under my care. Equipment not returned on time will result in a fine of \$25 for each hour up to a maximum of \$100 and then \$100 per day for 6 days. The penalty for a late return after one (1) week is \$3,000 for the laptop and \$500 for a wireless card and other accessories. I will be charged for damage to equipment checked out to me.
6. Checkout privileges will be revoked until these fines specified in item (5) are paid. If the fine is not paid within 30 days, it will be charged to my student account and my borrowing access may be permanently revoked. In addition, my student account may be placed on hold and subject to additional fines charged by the Student Accounts Office. Further disciplinary action may occur through the Office of Student Affairs. Fine payments are only accepted in the form of a check or money order made out to The University of Toledo – College of Business Administration, and submitted to the Bursar’s Office
7. Any attempt to deceive employees of the COBA College Computing Department will result in immediate and permanent loss of all access privileges as well as possible disciplinary action.

By signing this form, I agree to abide by all of the conditions described above.

Signature _____ Date _____

(Please Print)

Name _____ Student ID# _____

Local Address _____

Local Phone _____

FOR OFFICE USE ONLY (College of Business Administration Account Number 212500)

Received by _____ Date _____

Comments:
