

**ACCESS Card Office**

Benson Center, Room 106  
Santa Clara University  
Santa Clara, CA 95053  
(408) 551-1647 Phone  
(408) 551-1648 Fax  
access@scu.edu



**iPhone Check-Out Form**

Department/Organization: \_\_\_\_\_

Contact Name & Number: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date and Time: \_\_\_\_\_

Purpose for Reader: \_\_\_\_\_

Distribution String: \_\_\_\_\_ Account: \_\_\_\_\_ Fund: \_\_\_\_\_ Dept: \_\_\_\_\_ Program: \_\_\_\_\_ Project: \_\_\_\_\_  
(Account to be credited for sales or debited for reader mis-use)

Authorizing Signature for Distribution String: \_\_\_\_\_

Use Required From: \_\_\_\_\_ To: \_\_\_\_\_

Price Point of Sale Item(s): Variable or Fixed (please circle one). If fixed, please indicate amount: \_\_\_\_\_

**I hereby authorize my organization or department to be responsible for the ACCESS iPhone. If the iPhone is lost, stolen or damaged while it is checked out to me, I will be financially responsible for the repair or replacement cost (\$2,500.00). The iPhone is to be used for the intended purpose only and I will be liable for any unauthorized use of the equipment. If the above ACCESS iPhone is lost or stolen, I will contact the ACCESS Card Office immediately. If after hours, I will contact Campus Safety Services to file a police report. I understand that if I do not return the handheld reader on the specified return date, I will be charged \$200 for each day the machine is overdue.**

Checked Out by: (Print Name) \_\_\_\_\_ Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_ ACO Staff Initials: \_\_\_\_\_

Returned by: (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

Checked Out by: (Print Name) \_\_\_\_\_ Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_ ACO Staff Initials: \_\_\_\_\_

Returned by: (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

Checked Out by: (Print Name) \_\_\_\_\_ Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_ ACO Staff Initials: \_\_\_\_\_

Returned by: (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

Checked Out by: (Print Name) \_\_\_\_\_ Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_ ACO Staff Initials: \_\_\_\_\_

Returned by: (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_