



Equipment Return Slip

Date: _____

Parent/Guardian Name(s): _____

Student Name(s): _____

Name of Family Service Coordinator (or other staff member you communicated with regarding this return): _____

Equipment Being Returned (eg. Asus laptop): _____

Reason for Return (eg. Computer not working, or student no longer registered with CFL@HOME): _____

Username and password information for computers/laptops in order for our technicians to be able to access the equipment for repair:

Once you have completed this form, please print it and place it in the box with the equipment being returned to The Center for Learning@HOME.