

EXHIBIT E3512

Chula Vista Elementary School District

Off-Site Property Use Authorization

Name: _____ School/ Department: _____

Item(s): _____ District _____
_____ Asset _____
_____ Number(s): _____
_____ _____
_____ _____

<u>Title of Software or Educational Materials</u>	<u>Number of Disks</u>	<u>Number of Manuals</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Use: _____

Telephone: _____ Email: _____

Date Property Signed Out: _____ Planned Return Date: _____

Approving Principal/Manager Name: _____

Approving Principal/ Manager Signature: _____ Date: _____

Verification of Return by Approving Principal/Manager (Signature): _____ Date: _____

I agree that the above equipment will be returned to the Chula Vista Elementary School District on or before the specified return date and in the same good condition in which it was borrowed.

Signature: _____ Date: _____