



OFFICE OF STUDENT ACCESS  
MSC 181 - 700 UNIVERSITY BLVD.  
KINGSVILLE, TEXAS 78363-8202  
PHONE: 361-593-2129

**STATEMENT OF RESPONSIBILITY FOR JHSL Equipment**

I, \_\_\_\_\_ assume full responsibility for the following devices:

DEVICES REQUESTED:

Sphero (15PK) – Quantity: \_\_\_\_\_

iPad (15PK) – Quantity: \_\_\_\_\_

VR Headset – Quantity: \_\_\_\_\_

Date of Use Range (30 Days Max): \_\_\_\_\_

Value of Equipment: VR Headset - \$500 ea, iPad (15 pk) - \$6000, & Sphero (15pk) - \$3000

I understand I will be charged a replacement fee in the amount of the above stated value, if the device is not returned by the return date, or if it is damaged, lost or stolen while in my possession. The device will be used for educational purposes only pursuant to TAMUK policies.

These devices will remain in my possession throughout the duration of the requested date range and will be returned to the Office of Student Access (OSA).

\_\_\_\_\_  
Requesters Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requester Title

\_\_\_\_\_  
Contact #

\_\_\_\_\_  
Supervisor or Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
JHSL Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSA VP Signature

\_\_\_\_\_  
Date

**TAMUK ASSET NUMBER or Service Tag of Requested Devices:** \_\_\_\_\_

Date of Approval: \_\_\_\_\_