



FACULTY iPad PROGRAM - AGREEMENT

As a faculty member participating in the iPad Program and in accordance with IT guidelines, I agree to all of the following: *(please initial)*

_____ I will complete the required iPad orientation/training provided by the CTL and all requirements of this program.

_____ I understand and agree to use the iPad for instructional related activities in accordance with SUNY Orange academic policies.

_____ I understand I will immediately report stolen equipment to SUNY Orange Safety and Security. I will further notify my Academic AVP and the CTL if the equipment is stolen, damaged or lost.

Please Note: If the iPad is stolen, damaged, or lost, you are not guaranteed a replacement. In the event that the iPad is damaged, it is to be brought to your Academic AVP and reported to the CTL. In the event that the iPad is stolen on campus, the loss is to be reported to Safety and Security immediately and to the CTL. In the event that the iPad is stolen off-campus, the loss is to be reported to the appropriate police department immediately. In the event that you fail to comply with the above stated policy as described, you will be responsible for the cost of replacement.

_____ Purchase of Apps: I understand and agree that I will be able to download free apps however; additional apps for purchase will be my responsibility through my personal iTunes account.

_____ I agree to return the iPad (and accessories) on the following date: _____

My signature indicates that I have read and understand this agreement.

Print Name

Signature

Date