APPENDIX B

Surplus SEA Equipment

Student's Name: _____ School: _____ DOB: _____ OEN: _____	**Reason for Surplus:** Graduate: ☐ Not in Use: ☐ Moved out of Province: ☐ Other: _____

Attach SEA Inventory Listing (Appendix A) and verify surplus items

_____ Signature

_____ Date

Send completed Surplus SEA Equipment Form (Appendix B) & SEA Inventory Listing (Appendix A) to the Special Education Secretary @ the New Liskeard Board Office.