



**C**LARKSDALE MUNICIPAL SCHOOL DISTRICT  
**Education of our Children: TOP PRIORITY!**

**ASSUMPTION OF RESPONSIBILITY**

**Clarksdale Municipal School District  
P.O. Box 1088  
101 McGuire Street  
Clarksdale, MS 38614**

**This certifies that the attached printout is an accurate representation of the inventory located in my room. I further acknowledge responsibility for these items from this date forward.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
**Date**

**NOTE: Principal is to retain a copy of this form for his/her records. Fixed assets manager is to retain the original copy for his/her records.**