



**AMBRIDGE AREA SCHOOL DISTRICT  
STUDENT DEVICE DISTRIBUTION**

*By signing this document, I agree that I have read and agree to the AASD Student Device User Agreement and allow my student to receive the device from Ambridge Area School District.*

AASD STUDENT DEVICE INFORMATION

Student Name:
Student ID:
Device Model:
Serial Number:
Asset Tag Number:

To completed by the Parent and/or Guardian:

Student Name (please print):				Parent Name (please print):					
Student Signature:				Parent/Guardian Signature:					
Date:				Date:					
AASD USE ONLY Date:			AASD USE ONLY Issued by:			Student received device:		Student Initials:	
AASD USE ONLY Distributed Device:	Initials:	AASD USE ONLY Distributed Charger:	Initials:	AASD USE ONLY Distributed Case:	Initials:	AASD USE ONLY Powered On:	Initials:		