

Ambridge Area School District Device Repair Request

This form must be turned in with the device when submitted for repair.

Student's Name: _____

Student ID #: _____ Device Asset Tag #: _____

Building: _____ Grade: _____ Grad Year: _____ Date: _____

Description of Issue/Damage (*include how the damage occurred*):

Student's Signature: _____

Parent's/Guardian's Signature: _____ Phone #: _____

Official Use Only:

Protection Plan Purchased: YES NO N/A Damage Covered: YES NO

If NO, rationale: _____

Charger Returned? YES NO

Resolution / Action Taken: _____

Signature of IT Personnel: _____ Date: _____

Administrator's Signature: _____ Date: _____