



DELONE CATHOLIC HIGH SCHOOL

CHROMEBOOK DAMAGE REPORT

Bring this completed form and device to Tech Coordinator in Room 21

PLEASE NOTE THAT FORM WILL NOT BE ACCEPTED WITHOUT PARENT SIGNATURE.

Student Name:		Today's Date:	
Student ID#:		Model Number:	
Date of Incident:		Serial Number:	
Parent Signature:			

DETAILED DESCRIPTION OF DAMAGE

DO NOT CUT! RETURN ENTIRE FORM.

OFFICE USE ONLY

Reviewed by:		Review date:	
Temporary issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date notice sent to parents/guardian	
Date Temp issued:		Claim filed?	
Serial Number of Replacement:		Claim Settled?	
Date sent for repair:		Warranty Issue?	
Date returned to service:		New Unit Serial Number	
Replacement Return Date:		New Case Required	<input type="checkbox"/> Yes <input type="checkbox"/> No