SJCSD Technology Device Return Form

School Name: _____

Parent Name (First, Last printed) _____

Parent Phone Number: _____

Student Name (First, Last printed) _____ *(Child 1)*

Student ID: _____   **Grade Level:** _____

	Make	Model	Serial Number	Power Cord Returned? (Yes or No)	Condition (Good or Damaged?)
Laptop					
Hotspot					

Student Name (First, Last printed) _____ *(Child 2)*

Student ID: _____   **Grade Level:** _____

	Make	Model	Serial Number	Power Cord Returned? (Yes or No)	Condition (Good or Damaged?)
Laptop					
Hotspot					

Student Name (First, Last printed) _____ *(Child 3)*

Student ID: _____   **Grade Level:** _____

	Make	Model	Serial Number	Power Cord Returned? (Yes or No)	Condition (Good or Damaged?)
Laptop					
Hotspot					

FOR OFFICE USE ONLY

Note to Administration: Please verify the condition of each device that is returned and complete the fields below, indicating your acceptance. Please make note of any details that may be relevant.

Received By (Print Name First, Last) _____ **Title** _____

Received By (Signature) _____

Date Received: _____

Additional Notes: