Today's Date:
Student First and Last Name:
Student's School:
Date Device Was Last Seen:
Brief Description of Steps Taken to Locate Device:
I acknowledge that my student's device is missing and my student has attempted to locate this device. I understand that the school district is not responsible for a missing device, and I may incur a cost to replace this device dependent upon my student's device insurance status. If the device is found before school ends, I will return it to my student's school and any paid replacement cost will be refunded.
Parent or Guardian Name (Please Print):
Parent or Guardian Signature:
For School IT Office Use Below
Date Student Device Incident Form Completed:
Date Lost Device Disabled:

Technician: