|  |  |
| --- | --- |
| Student Name | Student Number |
| Student Age | Form/Tutor Group |
| Parago Number | Serial Number |

**What happened?** (Please give a full description of how the device became damaged, including what your son/daughter was doing at the time and what caused the damage)

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|  |

**Details of Damage** (e.g. cracked screen)

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| --- |
| Where did the device get damaged? |
| Date damaged occurred |
| Was the device in its case at the time? |

|  |
| --- |
|  |

I have turned off **FindmyiPad** (Yes/No)

|  |
| --- |
|  |

I have **backed up** the device (Yes/No)

|  |
| --- |
|  |

**Passcode** for the device

**Signature………………………………………………………………………………. Date………………………………...**

**Name………………………………………………………………………………………………………………………………….**

Please hand this completed form to the IT Office along with your damaged iPad.

For Office Use – This section is to be completed by IT OFFICE Staff

|  |  |
| --- | --- |
| Date of Incident | Date of Claim |
| Staff Name | Position |

Signature………………………………………………………………………………. Date………………………………...

Claim Summery (to be completed once device returned)

|  |  |
| --- | --- |
| Outcome: | Replacement Purchased Date: |
| Device Returned date: | New Serial No: |
| Cost to repair: | Cost of replacement device: |
| Device replaced (Y/N): | Date Finance Notified: |