

Waiver Request for Mobile Device Pick-Up

Name: _____

School: _____

Cell/Home Phone Number: _____

Device Description: _____ (use additional forms for multiple devices)

Reason device needs to be held past the last day of school:
Reason device needs to be picked up before August 5:

*There is a minimum two week holding period for all devices.

Date I will hand in device: _____

Date I need device back: _____

I understand it is my responsibility to return the device by the date noted and that my device will be held for a minimum period of two weeks.

Employee Signature: _____

I have discussed this waiver with the employee noted above and support the request.

Administrator Signature: _____ (principal, superintendent, tech director, etc..)

**The technology department will make every effort to accommodate return date requests. You will be emailed a week prior to the date noted letting you know the drop off location.