Pioneer Valley High School

COMPUTER TABLET SERVICE REQUEST FORM

Student Name:		I.D. #	
Today's Date:	Grade:		
Tablet #	School	Password:	
Tablet Password /	PIN:		
Visited Tech TOSA	Office (1st, 1	unch or 7th / M-F)	Yes / No
Problem with tabl		, 	
Items Returned:			
Student Signature: _			
1	Do not write bel	low this area	
*******	******	*******	******
Tech TOSA Notes:			
Tech TOSA Signature:			
Insurance Claim? Yes/I	No Tablet/Ke	yboard	
Warranty Claim? Yes / !	No Tablet/Ke	eyboard	
Returned to DO? Yes /	No Tablet / Ke	eyboard	
Tech Notes:			
Service Tag:	Express Code	Dell I	Pispatch/RMA#
Date Shipped:	Return Date:	Tech	Initials:
Replaced components	Tablet #:	KB Char	ger

Revised 10/25/16