



# Uniontown Area School District

## Damage Claim Form

Date \_\_\_\_\_

### Student information

Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Building \_\_\_\_\_

### iPad information

Asset Tag # \_\_\_\_\_ (Number is on back of iPad and begins with 100)

Passcode to unlock unit \_\_\_\_\_

**\*\*Required for Repair\*\***

### Description of Damage

\_\_\_\_\_ Broken Screen      \_\_\_\_\_ Damaged Case      \_\_\_\_\_ Liquid Damage

\_\_\_\_\_ Inoperative buttons, ports, etc. (Indicate) \_\_\_\_\_

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use ONLY:

Loaner iPad assigned \_\_\_\_\_

Date Loaner Sent to Student \_\_\_\_\_

Date Loaner Received at DO \_\_\_\_\_

Date Received at District Office \_\_\_\_\_

Date Received from Repair \_\_\_\_\_

Date Sent Out for Repair \_\_\_\_\_

Date Returned to Building \_\_\_\_\_