Student Name Student Number Student Number Student Age Form/Tutor Group Parago Number Serial Seri	Accidental Damage Claim Form		Claim	SP:	
Student Age Form/Tutor Group			Refs	M:	
Student Age Form/Tutor Group				1	
Student Age Form/Tutor Group	Student Name	Student Number			
Parago 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) Details of Damage (e.g. cracked screen) Where did the device get damaged? Date damaged occurred Was the device in its case at the time? I have turned off FindmylPad (Yes/No) I have backed up the device (Yes/No) Passcode for the device Signature					
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Passcode for the device Signature	I have turned off <u>FindmyiPad</u> (Yes/No)				
Passcode for the device Signature					
Name	I have <u>backed up</u> the device (Yes/No)				
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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	Signature		Date		
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Date of Incident Date of Claim Staff Name Position Signature	Please hand this completed form to the IT Office a	long with your dam	aged iPad		
Date of Incident Date of Claim Staff Name Position Signature					
Staff Name Position Date Claim Summery (to be completed once device returned) Outcome: Device Returned date: Cost to repair: Replacement Purchased Date: New Serial No: Cost of replacement device:	For Office Use – This section is to be completed by	/ IT OFFICE Staff			
Staff Name Position Date Claim Summery (to be completed once device returned) Outcome: Device Returned date: Cost to repair: Replacement Purchased Date: New Serial No: Cost of replacement device:		5			
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