



Our Lady of
Mercy College

IT DEVICE RETURN FORM

Student Name: _____ HR: _____ Date: / /

Device Type: _____ Service Tag: _____

1. Upon close inspection, is there any extensive physical damage to the device? (Please list below)

2. Does the device boot as expected? (If not, does diagnostics return error?)

3. Will the device require repairs? **Yes** **No**

4. Have all the following been returned?

- Computer
- Charger
- Carry Case
- Stylus (Surface Only)
- Keyboard (Surface Only)

5. Extra notes:

Technician Name: _____ Signature: _____

