SCRANTON SCHOOL DISTRICT

Scranton School District
TECHNOLOGY REPAIR REQUEST FORM

School	Room Number	Teacher		Grade Level	Tech Dept. Use Only
					Item Received by: _____ Date Received: _____ Repairable? Y N If repairable: Date Sent to depot: _____ Date Returned: _____
Incident Date	**Approximate Time of Incident**	**Incident Type**		**Location of Incident**	
		☐ Liquid Spill ☐ Device Dropped ☐ Vandalism ☐ Other			
Device Type	**Is Device Part of Class Cart Set? Y N** **If Yes, please indicate Cart #:**			**Device Asset Number**	**Device Serial Number**

Description of Damage

Description of Incident *(describe how the incident occurred)*

Form Completed By:	Signature:	Date: