



**AMBRIDGE AREA SCHOOL DISTRICT
STUDENT DEVICE DISTRIBUTION**

By signing this document, I agree that I have read and agree to the AASD Student Device User Agreement and allow my student to receive the device from Ambridge Area School District.

AASD STUDENT DEVICE INFORMATION

Student Name:
Student ID:
Device Model:
Serial Number:
Asset Tag Number:

To completed by the Parent and/or Guardian:

Student Name (please print):		Parent Name (please print):	
Student Signature:		Parent/Guardian Signature:	
Date:		Date:	
<i>AASD USE ONLY</i> Date:		<i>AASD USE ONLY</i> Issued by:	
<i>AASD USE ONLY</i> Distributed Device:		<i>AASD USE ONLY</i> Distributed Charger:	
<i>Initials:</i>		<i>Initials:</i>	
<i>AASD USE ONLY</i> Powered On:		<i>Initials:</i>	