## **RODEN SCHOOL COUNCIL**

## **Technology Donation Waiver**

Date:	
Type of Device:	
Serial Number/Identification:	
Donated by (print name):	
	Please check or intial:
	I acknowledge that I am surrendering the listed device by donation and this device will NOT be reclaimed
	I acknowledge that device is in working order
	I acknowledge this device does not contain any sensitive data (such as documents or media) or malicious software
	This device has been formatted
	OR
	This device has NOT been formatted.
Signstru	_
Signature over printed name	