

Orrick School District

Technology Device Insurance Claim Form

Student Name: _____

Parent/Guardian Name: _____

Date of Claim: _____ Date of Incident: _____

Device (circle one): iPad Chromebook

If a device was stolen or damaged through criminal action was a police report filed? If yes, please provide a copy of the police report. Yes No

If damaged please provide a detailed report of the damage to the device and the cause of the damage (provide additional pages if necessary).

Parent/Guardian Signature

Date

Student Signature

Date

By signing this form, the policy holder acknowledges that the information provided is truthful and contains all relevant details to the best of their knowledge.