

School Device Coverage
3390 Auto Mall Drive
Westlake Village, CA 91362
www.schooldevicecoverage.com

AFFIDAVIT OF LOST DISTRICT-ISSUED DEVICE

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

DEVICE DESCRIPTION (Make/Model/Serial Number): _____

DATE DEVICE LAST KNOWN TO BE IN POSSESSION: _____

I, the undersigned, hereby declare under penalty of perjury under the laws of the State of California and the United States of America, that the following is true and correct to the best of my knowledge:

1. I am the parent or legal guardian of the above-named student.
2. As of the date of this affidavit, the device is lost and cannot be located despite reasonable and diligent efforts to recover it.
3. I affirm that I do not know the current location of the device and that the device has not been sold, given away, or otherwise disposed of intentionally.
4. **I hereby certify that all information on this form is accurate and truthful. I understand that the submission of a false, fictitious or fraudulent claim is mail fraud and may result in imprisonment of up to 5 years and a fine of up to \$10,000.00 (18 USC 1001). In addition, a civil penalty of up to \$5,000.00, and an assessment of twice the amount falsely claimed may be imposed (31 USC 3802).**

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____

If you are currently in possession of the device listed above, please contact the school immediately to arrange for its prompt return. Return of the device will not result in any penalties, and doing so ensures that the school can continue to support student learning without unnecessary financial loss.

