

Loss, Damage or Theft Report  
Information and Media Technology, Department of Student Services

<b>Date Reported:</b> _____ / _____ / _____	<b>Student Signature:</b> _____
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<b>STUDENT INFORMATION SECTION</b>			
Last Name:	_____	First Name:	_____
APU ID#:	_____ - _____ - _____	Phone #:	( _____ ) _____ - _____
Living Area, Apt. #:	_____	Campus Mailbox #:	_____

<b>INCIDENT DESCRIPTION AND CAMPUS SAFETY SECTION</b>			
Select one of the following:	<input type="checkbox"/> Damage	<input type="checkbox"/> Loss	<input type="checkbox"/> Theft
Date of Incident:	_____ / _____ / _____	Approximate Time:	_____ : _____ am / pm
Describe the circumstances of the loss, damage or theft of the laptop: _____ _____ _____			
Describe the damage to the laptop (if applicable): _____ _____ _____			
Campus Safety Signature:	_____	Date:	_____ / _____ / _____
Current status of investigation: _____ _____ _____			

<b>INFORMATION AND MEDIA TECHNOLOGY SECTION</b>			
Laptop IMT Asset #:	_____	Laptop Serial #:	_____
Technician Name:	_____	Technician Signature:	_____