



Bibb County Schools Student Chromebook Repair

Student Name: _____ Grade: _____

School: _____ Date: _____

Serial Number: _____ Barcode: _____

Description of Issue: _____

Physical Damage: Yes No

Deductible Paid: Yes No

Replacement: Yes No

Serial/Barcode: _____

Name of person completing form: _____

IT Department Use Only					
Insurance Claim Filed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date: _____
Device Deprovisioned:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date: _____
Device Repaired:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date: _____
Returned to Student/School:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date: _____