



ARLINGTON CENTRAL SCHOOL DISTRICT

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Chromebook Repair Form

Name _____ Date _____

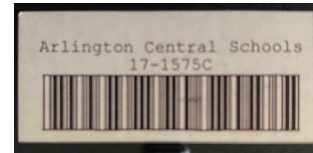
Address _____

Email _____

Building _____ Grade _____

Chromebook Brand _____ Model _____

Arlington Asset Tag # _____



Charger Received: Yes _____ No _____

Describe the need for repair - what happened? When? How is the Chromebook now behaving?

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For office use only:

Result: _____

Date _____

Tech Initials _____