



609-1a_VSCS_Issued_Mobile_Device_Agreement_Form

I agree to the terms of usage as outlined in the VSCS Mobile Device Policy 609-1.

I acknowledge that I have read the above policy and agree that if I do not honor the terms outlined that I may be subject to disciplinary action as well as confiscation of this device.

Printed Name _____ Date _____

Signature _____

Approval

Supervisor Signature _____ Date _____

IT Department Signature _____ Date _____

Device Information

Device type _____ Brand _____ Model _____

Serial number _____

MAC Address _____

Any other identifying
information _____

Comments _____

This form must be completed and have signatures of the user, their supervisor, and an approving IT department member before the device may be issued. This form must be kept on file with IT.