

NOTE: DISPOSAL REQUEST WILL WIPE ALL THE DATA IN THE DEVICE, WITH NO CHANCE OF RECOVERY

User Last Name:		User First Name:		
Building: ETMSW _	DHSP		_ Faculty Staff Student	
Phone:		Email: _		
	Device Type	Model Number	Serial Number	PTag
Equipment 1:				
Equipment 2:				
Equipment 3:				
Equipment 4:				
Equipment 5:				
Equipment 6:				
Equipment 7:				
Equipment 8:				
Equipment 9:				
Equipment 10:				

I UNDERSTAND THAT ETL AND ITS STAFF'S SOLE OBLIGATION UNDER THIS AGREEMENT WILL BE TO PROVIDE BASIC COMPUTER/EQUIPMENT (INCLUDING RESIDENT DATA) DISPOSAL SERVICE.

I fully understand the following consequences of my consent authorizing the disposal:

- ETL and its staff presume that the user assumes full responsibility with respect to their data.This includes,but not limited to, backing up their entire data, deleting critical/private/sensitive information before handing over the equipment, etc.
- The equipment shall be recycled appropriately either by disposing it for good or by assigning it to a different user. Necessary steps like formatting the system, etc will be taken before any further action.
- > The various information storage media will be ERASED/FORMATTED with NO possibility of retrieval whatsoever.
- ETL staff or authorized third parties shall have no liability or obligation under this Agreement with respect to any kind of intellectual property, data, information or computer programs, whether or not stored on the equipment.
- ETL and its Staff shall not be responsible in any way for any loss incurred subsequently once I authorize them for the disposal.

I HAVE CAREFULLY READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Client Signature

ETL Staff Name _____

Accepted on (date) :____\ ____

(MM/DD/YY)