

Georgia Institute of Technology
Wireless Device Relinquish Form

Name _____

Department _____

TYPE OF DEVICE:

_____ Pager _____ Wireless Card
_____ Cell Phone _____ PDA
_____ Other (specify)

DEVICE INFORMATION:

Vendor Name _____
Device Model _____
Device Phone Number _____
Serial Number _____

Employee Signature: _____ Date _____
Typed/Printed Name: _____

DEVICE RETURNED TO:

Department Manager: _____ Date _____
Typed/Printed Name: _____
and/or
Business Manager: _____ Date _____
Typed/Printed Name: _____

DEVICE DISPOSITION:

Reassigned to _____
Date _____
Confirmed by _____
Telecom Coordinator/Representative
or Date _____
 Relinquished to _____
Telecom Coordinator/Representative
Date _____

Note: Telecom Coordinator/Representative should be notified immediately upon surrender of device that it will be held for reassignment to replacement employee. *Wireless Device Authorization Form* must be completed and approved prior to reassignment.