Computer Work Order Request and Waiver

Name _____ Username _____

Email _____ Phone _____

By signing below, you hereby acknowledge that Partners HealthCare System will not be held liable for the loss of data. I have a recent backup of my data YES | NO

Drop-off Signature _____ Date _____

Pick-up Signature _____ Date _____

Make/Model _____ Serial Number _____

Operating System _____ Ticket Number _____

Admin Password _____ PC Encrypted? YES | NO | Unknown

WORK TO BE PERFORMED