

District-Owned Electronic Device Missing/Stolen Report

South Western School District

Date: _____

Student Name	Student ID	Phone Number
Full Address (Street, City, State, Zip)	Grade	Homeroom

Please complete the following information relating to this loss:

A. Items Lost (Circle all that apply)	Electronic Device	Power Adapter	Electronic Device Case
B. Serial Number:			
C. Location of Loss:			
D. Date/Time when loss was discovered:			
E. Information relative to the loss—when & where electronic device was lost, details of what happened, etc.:			
F. Locker Number (if theft was from locker):			

For Theft or Loss OFF Campus:

G. Police Report Number:
H. Reporting Officers Name:

Please bring this report to the attention of the building principal in the Main Office on the next school day after you discover the loss. Note that South Western School District will implement IP tracking to attempt to recover the stolen electronic device.

Student Signature

Parent/Guardian Signature