



Northern Lehigh School District
Laptop Damage/Insurance Claim

Date of Report: _____ School: _____

Student Name: _____ Student ID #: _____ Grade: _____

Description of damage/issue: **(Use additional sheet of paper and attach if necessary)**

I believe the damage assessment above to be accurate and factual to the best of my knowledge.

Student Signature: _____

Damage to: _____ Laptop _____ Charger _____ Case

Damage/Claim Determination: _____ Payment Required _____ Warranty/No Charge

Does student have Laptop insurance? _____ Yes _____ No

Repair Cost:

_____ LCD or Keyboard Replacement (\$160 No Insurance / \$80 Insurance)

_____ Stolen, Lost, or Damaged Charger (\$60 No Insurance / \$30 Insurance)

_____ Stolen, Lost, or Damaged Case (\$30 No Insurance / \$15 Insurance)

_____ Theft or Loss of Laptop (\$600 No Insurance / \$300 Insurance)

_____ Other

_____ Total Damage/Repair Cost

Technology Department Staff Signature: _____

Building Principal Signature: _____

Director of Technology Signature: _____

The District reserves the right for final determination of insurance claims.