Personal IT Support

If you require any IT Support for your personal device, please complete this form, attach it to your device and pass it to your school technician or drop off at our office. Thank you.

Name:_____ Mobile Phone No_____

Email:_____

School Name_____

Device Info

Please Identify   PC   Laptop   iPad   Tablet   Phone   other_____

Make/Model_____

Nature of problem/when it happens/programs affected – any info to help us identify the issue.

……..

……..

……..

……..

……..

If your device has a password or number lock please record it below

Password_____   Number lock_____

By signing this request form, you agree that Ed-IT Solutions (UK) Limited cannot be held responsible for any loss or damage to your property through direct or indirect methods.

Signed_____   Date_____