

EDP Damage/ Lost Assessment Report

Student Name: _____ Banner ID:@ _____

Student E-mail: _____ Student Phone Number: _____

Item(s) Damaged/ Lost:

Please list the specific assessment materials (be as detailed as possible, including forms, pens, pencils, etc.)

Please attach more pages as needed.

Signing this document ensures that the item(s) listed as damaged or lost above were done so while they were issued to you. Signing this document is not an obligation for payment at this time. The damages will be reviewed and payment will be assessed at a later date. However, do keep in mind that if the item(s) do need to be replaced you will be required to do so in a timely manner as other students will need to utilize this/ these assessment item(s). If you do not respond to a payment ruling then the department will put a hold on your student account until the items are paid or an acceptable payment plan is established.

Student Signature

Date

For Office Use Only:

____ Date received: _____

____ Student contacted for payment meeting

____ Replacement Items researched and printed

____ Other: _____

____ Copy and item(s) given to the Program Coordinator

EDP Staff Signature

Date