

## Acknowledgement of Mobile Device Decline

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Grade

Dear Parent/Guardian:

By completing this form, you acknowledge your child does not need an M-DCPS Mobile Device and you decline checking out a Mobile Device.

Furthermore, you understand that in the future, if your child needs a Mobile Device, it can be requested.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Contact # \_\_\_\_\_

### OFFICE USE ONLY

Received By (Print) \_\_\_\_\_

Received By (Signature) \_\_\_\_\_

Date Received \_\_\_\_\_

School Year \_\_\_\_\_