

Port St. Lucie High School

Laptop Repair Ticket

DROP OFF Date ____/____/____

Student ID _____

Last Name _____ First Name _____ Grade _____

Problem _____

What caused the damaged? _____

PICK-UP Date ____/____/____

I confirm that I received my laptop after repair in working condition. _____

Student Signature

PHS0021

Where are you during the periods below? Teacher &/ or Room #	
Teacher	Rm #
P2 _____	_____
P3 _____	_____

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