Texas A&M International University
Office of Information Technology

WIRELESS ACCESS CONNECTIVITY TROUBLESHOOTING / EMAIL CONFIGURATION OF PERSONAL ELECTRONIC DEVICE SERVICE AGREEMENT

I authorize Texas A&M International University Office of Information Technology technician(s) to perform the following: Please check the all that apply

_____ Troubleshoot wireless access connectivity

_____ Email configuration

On my electronic device. I understand that Texas A&M International University Office of Information Technology technicians have been trained to perform computer hardware and software work. Furthermore, I agree that OIT is not liable for any data loss, which may occur as a result of work done on my electronic device (Laptop, iPad, iPhone, Android, Other___________. Please circle or specify the electronic device that applies.

Please provide your initials in the spaces below.

_______ I certify that I am the owner of the electronic device described in this document. In the event that I am found not to be the true expressed owner of this electronic device, I assume all liability for any claim made as the result of the technical support rendered by OIT or its staff, technicians.

_______ I understand that OIT offers no verbal or written warranty, either expressed or implied, regarding the success of this technical support.

_______ I expressly waive all claims against OIT or any damages to this electronic device or data that are incidental to the technical support rendered by OIT.

Privacy: OIT technicians will not browse through your hard drive looking at your personal data; however, they may inadvertently see personal data during the course of their work. Please remove any personal or private files you do not want others to see. Please make sure background IMAGES are appropriate! IF NOT we can’t work on it.

Scope of Work: OIT Technicians will only perform the work agreed upon when service is arranged (Wireless Access Connectivity Troubleshooting/Email configuration of Electronic Device).

PRINTED NAME: ________________________________________ DATE: ____________________

SIGNATURE: ________________________________________ TIME IN: _____ TIME OUT: ________

OIT Office Use Only  Technician Notes are to be entered below:

__________________________________________________________

OIT Techs Make sure to give a detailed description of all work done

Date Completed ______ Tech assigned _____________ Issue resolved __YES__ / __NO____

Were Details Noted in Track-It! & Work order Closed by OIT Tech ___YES / NO____ WO#_______________