



Service Disclaimer - Computer Hard Drive Reformat / Data Backup

User name (first name, last name): _____

Office location: Building _____ Floor: _____ Room: _____

Department: _____ Office phone: _____ Email: _____

Computer Brand: _____ Model: _____

Desktop Laptop Server (choose one)

Serial number / Service tag: _____

Reason for hard drive reformatting (please check one)

- Hard drive crash or physical damage – hard drive replacement required
- Operating system crash (non-repairable) – reformat required
- Operating system infected by spy ware or virus (non-removable) – reformat required
- Current operating system (OS) not upgradeable, requires clean OS installation
- User request to have the hard drive reformat and a new operating system installed
- Computer to be sent to PC Service shop for further diagnostics – hard drive replacement or reformat may be required
- Other reasons (please specify) _____

Data backup (please check one)

- Data back up is not necessary
- User has backed up the data (see note below)

Note: It is ultimately the responsibility of the user requesting reformatting service for backing up the data on the subject computer. If help is needed, please contact the IT helpdesk. The Helpdesk/Desktop will provide advice on backup strategies and assistance as needed based on available resources. User takes full responsibility for specifying those files, folders and data that s/he regards as critical. The Helpdesk/Desktop is not responsible for data loss during service it performs on your computer. Please back up your data before sending your computer to be serviced by the Helpdesk/Desktop.

By signing below, the user signifies s/he has read this form, understands and agrees on the terms and conditions.

User Name (print first name, last name): _____

User signature: _____ Date (MM/DD/YY) _____

Responsible IT staff (print first name, last name): _____ Date(MM/DD/YY) _____

Responsible IT staff signature: _____ Date(MM/DD/YY) _____

Supervising IT manager: (print first name, last name) _____

Supervising IT manager signature: _____ Date (MM/DD/YY) _____