



# Computer Repair Request

Please fill out this form identifying you, your computer, and the work you wish to have performed on your computer.

CSU ID Number: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_ Desktop \_\_\_ Laptop MFR: \_\_\_\_\_ Model: \_\_\_\_\_ SN: \_\_\_\_\_

**Accessories:**

- \_\_\_ Monitor
- \_\_\_ Laptop Bag
- \_\_\_ Power Adapter
- \_\_\_ Port Replicator
- \_\_\_ Mouse
- \_\_\_ Keyboard
- \_\_\_ External Drive: CD ZIP Floppy Hard Drive USB Flash Drive
- \_\_\_ Cable: USB Firewire Parallel Serial
- \_\_\_ Other: \_\_\_\_\_

**Software:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(List other on back of form)

**Repair Requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Completion** Date: \_\_\_\_\_ Time: \_\_\_\_\_

I authorize Cleveland State University’s Computer Repair Technicians to perform the above work on my computer. I understand and agree that my signature on this form and the “Computer Repair Waiver” is required for all repairs. I also understand and agree that I will be responsible for payment for all services rendered per the attached fee schedule and that I must pay for the repairs prior to or at the time I pick up the equipment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSU assesses a minimum \$30.00 charge for diagnosing a problem with your computer. This \$30.00 will be applied to the cost of any repairs made to the same computer.