



Electronic Device Registration Form

Last Name: _____ First Name: _____ Middle Initial: _____

Residential Hall Building and Room #: _____

Cell Number: _____ Email: _____

Computer, Tablet, iPod, etc.:

1. Device Type/Color: _____ Brand (HP, Apple, Toshiba, etc.): _____

Serial #: **(required)**: _____ Service Tag # (Dell only): _____

2. Device Type/Color: _____ Brand (HP, Apple, Toshiba, etc.): _____

Serial #: **(required)**: _____ Service Tag # (Dell only): _____

3. Device Type/Color: _____ Brand (HP, Apple, Toshiba, etc.): _____

Serial #: **(required)**: _____ Service Tag # (Dell only): _____

4. Device Type/Color: _____ Brand (HP, Apple, Toshiba, etc.): _____

Serial #: **(required)**: _____ Service Tag # (Dell only): _____

Cell Phone Device Only:

Brand (Samsung, Apple, Etc.): _____ Service Provider: _____

Serial # **(Required)**: _____

Additional Identifying Information: (Any above Listed Items)

Email this completed form to campuspolice@elon.edu