

# Mobile Device Agreement

Employee \_\_\_\_\_ Employee \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Office Location \_\_\_\_\_ Ext. \_\_\_\_\_

Fund      Organization      Program

FOP Name \_\_\_\_\_

Device Description \_\_\_\_\_

Phone Number

Electronic Serial Number

Subscriber Identity Module

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I understand and agree that I may be held responsible for the loss and/or any damage to the equipment and items listed above that I am signing receipt of.

I understand and agree that Northeastern Illinois University is providing this device and its usage is solely intended for University business.