

# Chapman University Public Safety Electronics Device Registration Form

**Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

<b>Type of Device</b>	<b>Brand</b>	<b>Model/#</b>	<b>Serial Number</b>	<b>Color</b>	<b>Other</b>
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Laptop:

Cellphone:

Tablet:

iPod:

TV:

Game Device:

Other: