

BYOD (Bring Your Own Device) Consent Form

Employee Information

Name

Department

Work Email

Device Information

Device Type

Device Make & Model

Operating System & Version

Device Serial Number

Consent Agreement

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I acknowledge that I have read and agree to abide by the company's BYOD policy.

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I agree to maintain the security of my device as specified by company policy.

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I authorize the company to access and remove work-related data if necessary.

Additional Notes

Employee Signature

Date