Hard Drive Replacement Authorization Form

Employee Name	
Department	
Department	
Date	
Email	
Device Model / Serial Number	
Reason for Replacement	
Has all data been backed up?	
Hard Drive Retention (if applicabl	e)
	,
lauthorize the above hard drive re	eplacement and acknowledge that all important data has been secured.
Employee Signature	
Date	
Authorized Approver Signature	
Date	