

WIRELESS COMMUNICATION DEVICE (WCD) REQUEST

Name of Requestor: _____

School/Department: _____ Cost Center: _____

Date Requested: _____ WCD Type: ☐ Voice ☐ Data ☐ Hotspot

Brief Justification: _____

Approvals

Principal/Director: _____

Assistant Superintendent: _____

Issuance of a board-owned WCD is not intended to be a personal benefit and is provided only as a tool to conduct district business. Personal calls or communications should not be made or received on a board-owned WCD.

*I acknowledge that I have read and understand
Board Policy 7530.01, 7530.02, and Administrative Procedure 7530.01.*

Signature of Requestor

Print Name

Date