



Mobile Communications Device Acceptance Agreement Form

Name: Date:

Job Title: Department:

Description of Mobile Device: Mobile Phone Number Assigned:

Serial #:

Justification:

I certify that:

- I have read and agree to the College's [Mobile/Electronic Messaging Device Policy](#);
- I understand that I must complete this acceptance agreement form, with prior signature approvals, prior to accepting a Delgado-issued mobile or electronic messaging device;
- I am responsible for proper use and acceptance of the terms associated with the particular device;
- Use the equipment for job-related purposes (personal use should be limited);
- I must return the equipment to the Office of Information Technology upon demand, and notify the Office of Information Technology immediately upon damage or loss of the device.
- I am responsible for the cost incurred for replacing the unit in the event the damage or loss is my fault;
- I must properly use the equipment in regards to voice communication and data etiquette during transmission and reception of messages, and adhere to the requirements of the College's [Information Technology Security](#) policy while using the personal mobile or electronic messaging device when performing official business;
- Adhere to the particular rate plan chosen by the College, as deemed appropriate to the user's job function.

I have received the aforementioned device and will adhere to requirements above.

Employee's Signature

Date

Approvals:

Supervisor's Signature

Date

Assistant Vice Chancellor/Chief Information Officer
Officer

Date

For IT Office Use:

Copies: Employee, Supervisor; Original: Information Technology Office