

1 ersonar Computer 3	Support Liability Waiver
Client Information	
Name:	Phone #: ()
Date Checked In:	Computer Password:
Date Checked Out:	
Terms and Conditions of	f Personal Computer Support
I understand that by signing this document I am authorizing assist me in troubleshooting, repairing, and performing service personal property, and that I am capable of authorizing any recollege and/or Information Services is unable to supply any I machine, and that it is my responsibility to purchase and arrange that this work may conflict with and/or void my manufacture Information Services Department can be held liable for such either written or implied; also, I acknowledge that I understand	the Information Services Department at Saint Vincent College to be on the computer listed below. I attest that this machine is my own epair or service performed to it. I understand that Saint Vincent licensed software or hardware needed to repair my personal needs for installation if needed at my own expense. I am fully aware er's warranty, and that neither Saint Vincent College nor the actions. I agree that the service is provided without any warranty, and that the loss of files or data may occur* during the repair or think Vincent College or the Information Saint Vincent College or the Information Sain
*Note: While it is rare for this to happen, we highly recommend that you ba occurs.	ackup any important files or folders, as we cannot be held responsible if such a loss
By signing this waiver, I grant Information Services perm but is not limited to, the following:	nission to perform work on my computer which may include,
 Install and run anti-virus software Remove any expired virus protection Install & run spyware removal tools Install all critical and high priority Windows Updates Remove all peer-to-peer programs 	 Run any virus or worm removal tools Reconfigure computer to be compliant with the Saint Vincent College network Uninstall any harmful programs that conflict with normal computer use
Signature:	Date:
Hardware Information (to be completed by a	Hole Dook Association
Manufacturer: Model: Serial #:	□ Power Adapter □ Bag/Case □ Other
Description of Issue:	
Help Desk Associate:	Ticket ID:
To be completed at time of pick-up:	
Client Signature:	Date:
Associate Signature:	

Date: _____

Anti-Virus Tools	
☐ Microsoft Security Essentials	□ Run Virus Scan
□ Malwarebytes Anti-Malware	□ Run Malware Scan
Desktop Tools	
□ CCleaner	□ Run CCleaner
□ Defraggler	□ Run Degraggler
□ Firefox	
□ All Software and Windows Upda	ites
Operating System Reinstall Checklist	
□ Backup User Files	
□ Product Keys	
□ Windows Version	
Product Key	
□ Microsoft Office	
Product Key	
Other Work Performed	
Completion Notice:	
Repairs Completed:	Date:
Client Notified via: □ E-Mail □ I	Phone Call