



# VCU Procurement Services

Attachment 1

## University Issued Wireless Communication Device User Certification

### Wireless Information:

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Wireless Device:  Cell phone  iPad/ Tablet  Other \_\_\_\_\_

Do one or more employees share this device? Yes  No

If yes, each employee using the wireless communication device must complete and sign this form.

### User Certification:

I certify that I have read and will comply with the applicable University Issued Wireless Communication Device Policy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This certification is to be maintained in the employee's department in accordance with the University's record retention policy and is subject to audit or compliance reviews.*