



TECH4FUTURE MINNESOTA

REPAIR CLINICS | Free technical support and diagnostics

HQ 7970 Brooklyn Blvd N, Brooklyn Park, MN 55445 • T 833-508-1003

MN.repairclinic@t4f-global.org • www.t4f-global.org

Computer Maintenance and Repair Clinic Appointment Form

Free technical support and device diagnostics for Minnesota families. Please complete this form before your visit. A clinic team member will confirm availability and the appointment time.

Service notice and consent

By requesting an appointment, I confirm that I own the device or am authorized by its owner to request service. I understand that diagnostics, maintenance, and attempted repair can reveal preexisting problems or involve risks such as data loss, software changes, or device failure. I will back up important data and remove or secure sensitive information before service when possible. I authorize Tech4Future Minnesota staff and volunteers to inspect the device and perform only the diagnostic and maintenance tasks I approve below. They will seek my separate approval before installing parts, incurring any cost, resetting or erasing the device, or doing work outside the agreed scope. Parts and third-party services, if needed, are my responsibility and will be discussed before purchase. Service is provided without a promise that the device or its data can be restored. To the extent Minnesota law permits, I accept the ordinary risks inherent in the approved work and release Tech4Future Minnesota and its staff and volunteers from claims arising from ordinary negligence in that work. This does not release claims that cannot legally be waived, including conduct greater than ordinary negligence. I understand that signing this form does not prevent me from raising a concern or exercising rights provided by law.

Appointment request

Full name _____

Phone _____

Email _____

City / ZIP code _____

Preferred date and time _____

Preferred contact: ☐ Call ☐ Text ☐ Email Accessibility or language needs: _____



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Device and requested help

Device type: ☐ Laptop ☐ Desktop ☐ Tablet ☐ Other: _____

Brand / model _____

Issue or symptoms (include error messages and when the issue began):

Service requested: ☐ Diagnosis ☐ Maintenance ☐ Hardware assessment ☐ Software help

May we turn on and test the device? ☐ Yes ☐ No Is important data backed up? ☐ Yes ☐ No ☐ Unsure

Do not enter passwords on this form. If access is needed, arrange a secure method with the technician at the appointment.

Acknowledgment

I have read the service notice above, understand the scope and risks, and request an appointment. A parent or legal guardian must sign for a minor.

Signature of device owner or authorized adult _____

Date _____

Clinic use

Appointment confirmed: _____ Technician / volunteer: _____

Approved work / limitations: _____

Separate approval for parts, charges, data erasure, or additional work: ☐ Not needed ☐ Recorded separately