



(240) 813 0692



help@vitaltechmd.com

**DATA RECOVERY DIAGNOSTIC AUTHORIZATION**

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**MEDIA INFORMATION**

Drive Model #: \_\_\_\_\_  
 Drive Serial #: \_\_\_\_\_  
 Size of Drive: \_\_\_\_\_

What happened to the drive? (dropped, formatted...)

**EXTERNAL DRIVE FOR RECOVERY**

I am sending my own EMPTY external drive for recovery with my defective drive.  I will purchase an external drive from VitalTech

**VITALTECH MAILING ADDRESS**

VitalTech  
 15803 Crabbs Branch Way  
 Rockville, MD, 20855

**SERVICE AUTHORIZATION**

The client affirms that they are the legal owner or representative of the owner of the drive and all data contained within the drive. The client authorizes VitalTech to perform a diagnostic on the drive provided. The client understands that the drive is already damaged and VitalTech will not be held responsible for any damage to the drive or data.

X \_\_\_\_\_  
 Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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