

PCL Connect FY2025-2026

Device Distribution Agreement

OFFICE OF RELIGIOUS EDUCATION



NEW DEVICE ALLOCATION		
<i>(Complete this section when a new device is being assigned.)</i>		
PCL Connect Recipient:		
	(Complete name and last name)	
Position:		
Site:		
	(Parish, School, Other)	
Contact Info:		
	(Enter ACES Email here)	
	(Enter personal cell phone number here)	
Pastoral Region:	<input type="checkbox"/> SB <input type="checkbox"/> SF <input type="checkbox"/> OLA <input type="checkbox"/> SG <input type="checkbox"/> SP	
EXISTING DEVICE ALLOCATION		
<i>(Complete this section when an existing device is being returned, upgraded, or transferred to a new user.)</i>		
Outgoing PCL Connect Recipient:		
	(Complete name and last name)	
Relinquished Date:		
	(Date and name of Parish personnel device was relinquished to)	
Position:		
Site:		
	(Parish, School, Other)	
Outgoing PCL Contact Info:		
	(ACES Email)	
	(Enter personal cell phone number here)	
Outgoing Device:	<input type="checkbox"/> iPhone Number: _____	<input type="checkbox"/> iPad
Pastoral Region:	<input type="checkbox"/> SB <input type="checkbox"/> SF <input type="checkbox"/> OLA <input type="checkbox"/> SG <input type="checkbox"/> SP	
Incoming PCL Connect Recipient:		
	(Complete name and last name)	
Date Device Received by recipient:		
	(Date and Name of person who received the device)	
Position:		
Site:		
	(Parish, School, Other)	
Incoming Contact Info:		
	(ACES Email)	
	(Enter personal cell phone number here)	
Pastoral Region:	<input type="checkbox"/> SB <input type="checkbox"/> SF <input type="checkbox"/> OLA <input type="checkbox"/> SG <input type="checkbox"/> SP	
Device Disposition:	Returned <input type="checkbox"/>	Transfer <input type="checkbox"/>
		Upgrade <input type="checkbox"/>

Acknowledgement

Recipient has read and agrees to comply with the Archdiocese of Los Angeles- **Acceptable Use and Responsibility Policy for Electronic Communications (Archdiocesan AUP) Guidelines.** <https://handbook.la-archdiocese.org/chapter-10/section-10-3>

Initial _____

I, the recipient agree to the following:

- I'll always care for the device properly and handle it safely.
- I won't allow unauthorized use of the device.
- I won't loan the device out or transfer it to anyone else.
- I'll use the device only for work and ministry related tasks, *not for personal use*.
- If my ministry status or position changes, I'll return the device to the Regional ORE Coordinator.
I understand the device can't follow me to another assignment, even to one that qualifies for PCL Connect.
- I understand the device allows the Archdiocesan C3 Office to monitor its use.
- I understand the Archdiocesan C3 Office determines the issuance of a device and the Archdiocesan ORE allows its possession to approved ministers via the PCL Connect program.
- If I'm asked to return the device for any reason, I'll comply immediately.

I agree to the terms outlined above.

Recipient's Signature and Date

ADLA Distributing Agent Name

If you have ANY questions about your device, please contact your Regional Coordinator.

This Section to be filled by the C3 Team.

Assigned iPhone Number, or Assigned iPad Cellular Data Number:			
Type of Device:		IMEI Number:	
Date Received:		Date Returned:	