



RAIDRECOVERYLABS

The Leader in RAID Data Recovery Engineering

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MASS STORAGE IN-LAB RECOVERY RELEASE FORM

Client Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: _____

Alternate Contact: _____ Alt Phone #: _____

How did you hear about us? _____

Is this going to be used in Litigation? Yes No

(If yes, we require that you contact our forensics department BEFORE shipping your array(s) to coordinate chain of custody)

Array and/or Server Manufacturer: _____

RAID Type: Controller Software How many hard drives in the array(s): _____

RAID Level: 0 1 3 4 5 6 5e/6e 10 0+1 30 50 100 Other

If other, please specify: _____

Operating System(s): _____

Please describe the failure: _____

Data Validation

Critical file & folder names: _____

Terms & Conditions

Customer engages and authorizes Raid Recovery Labs Inc., within their facilities, to inspect and identify problems with respect to customer's digital media and data; for the sole purpose of recovering customer's digitally stored data. Customer will not hold Raid Recovery Labs Inc., liable for any damages whatsoever, including without limitation damages for loss of data, loss of business profits, business interruption, or other pecuniary loss, or incidental, consequential, or indirect damages arising from this engagement. Customer also acknowledges that estimated charges may not be sufficient to accomplish the engagement; no addition work will be performed without expressed Customer authorization. Customer understands that Raid Recovery Labs Inc., will disclose to the appropriate authorities any information or data which is in violation of state or federal child pornography laws/statutes as well as any information or data which implies a plan to harm third parties. Further, customer waives any confidentiality and holds Raid Recovery Labs Inc., harmless for disclosure of said forth information to relevant authorities. Except for the before mentioned informa-

Print Authorizing Name: _____

Authorizing Signature: _____ Date: _____

By signing, authorizing signature agrees to the terms and conditions set forth above.