PCL Connect FY2026-2027
Device Distribution Agreement
OFFICE OF RELIGIOUS EDUCATION

NEW DEVICE ALLOCATION *(Complete this section when a new device is being assigned.)*					
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:	☐ SB	☐ SF	☐ OLA	☐ SG	☐ SP
EXISTING DEVICE ALLOCATION *(Complete this section when an existing device is being returned, upgraded, or transferred to a new user.)*					
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:	☐ iPhone	Number: _____		☐ iPad	
Pastoral Region:	☐ SB	☐ SF	☐ OLA	☐ SG	☐ 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:	☐ SB	☐ SF	☐ OLA	☐ SG	☐ SP
Device Disposition:	Returned ☐	Transfer ☐	Upgrade ☐	Replacement: Lost / Stolen ☐ Broken ☐	

Adopted 7/1//2026

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.** **Initial _____**
https://handbook.la-archdiocese.org/chapter-10/section-10-3

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:	

PCL Connect FY2026-2027
Pastor Verification Form
OFFICE OF RELIGIOUS EDUCATION

The Archdiocese of Los Angeles offers the PCL CONNECT as a resource for Parish Catechetical Leaders (PCLs). This program provides selected electronic devices along with voice and data services for the device, to select PCLs for use in their ministries at no cost to them or their parish. PCL CONNECT is for ministers designated by the Parish Pastor in the roles of DRE/CRE and Confirmation/Youth Ministry Coordinator in all parishes of the Archdiocese and is provided through the Catholic Communication Collaboration (C3) Department in partnership with T-Mobile. *A parish may not charge a recipient for the use of the device under any circumstances.*

An individual in one of the above-mentioned roles in your parish has requested a device to assist in their ministry. Every recipient of a device will be assigned an ACES email account with the Archdiocese of Los Angeles, which will be connected to the device.

VERIFICATION OF PARISH CATECHETICAL LEADER

PARISH CATECHETICAL LEADER INFORMATION:

Full Name: _____

Title: _____

Personal Email address: _____

Work Email address: _____

ACES/ADLA Email address: _____

Cell Phone Number: _____

PASTORAL REGION INFORMATION: ☐ SB ☐ SF ☐ OLA ☐ SG ☐ SP

Parish Name: _____

Address: _____
Street: City: Zip Code:

Pastor Name: _____

Pastor Email: _____

Pastor Signature: _____

Request (choose one): ☐ iPhone ☐ iPad

Adopted 7/1/2026