



Technology Support Services Lab Installation Software Request Form

Date: _____

Name of Requestor: _____

Phone Number/Extension: _____

Semester Software is Requested to be Installed for: (CHECK ONLY ONE – DO NOT USE ALL)

SPRING

SUMMER

FALL

OTHER: (SPECIFY) _____

Name of Software Manufacturer:

(i.e. Microsoft, Rockwell, Adobe, etc..)

Software Title and Version:

(i.e. Office, Multisim , Acrobat, etc..)

NOTE: Due to Licensing restrictions all licenses must be verified and approved by Technology Support Services prior to lab installation. Some requests may not be honored if licensing cannot be verified.

PLEASE COMPLETE BOTH SIDES - PLEASE COMPLETE BOTH SIDES - PLEASE COMPLETE BOTH SIDES



Technology Support Services Lab Installation Software Request Form

Lab / Location for Software Install (CHECK ALL THAT APPLY):

WEST BUILDING:

126 / HIT 205 / SCIENCE 208 210
 OTHER: (SPECIFY) _____

NORTH BUILDING:

242A 242B / CAD 240 240A / ET EPIC
 TLC 231 / MAIN 237 236 LAPTOP Cart
 OTHER: (SPECIFY) _____

FOUNDATION HALL:

222 / LIBRARY CLASSROOM LIBRARY FLOOR
 OTHER: (SPECIFY) _____

CEDAR POINT CENTER:

2002 LAPTOPS OTHER: (SPECIFY) _____

FINAL SOFTWARE / IMAGE APPROVAL: *(ONLY to be completed upon system review.)*

REQUESTOR APPROVAL : _____ DATE: _____

REQUESTOR APPROVAL : _____ DATE: _____

OFFICE USE ONLY:

LICENSING DOCUMENTS ON FILE: YES NO LOCATION OF LICENSE: _____

OTSS APPROVAL: _____ DATE: _____

PLEASE COMPLETE BOTH SIDES - PLEASE COMPLETE BOTH SIDES - PLEASE COMPLETE BOTH SIDES