

Date of Request \_\_\_\_\_



**Request for Computing Technology**

**USER INFO:**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Location \_\_\_\_\_ Phone \_\_\_\_\_

- Laptop
- Desktop
- Monitor
- Phone
- Printer
- Flat Screen TV
- Desktop VTC
- Projector
- Software
- Copier
- Fax

**JUSTIFICATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SOFTWARE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVALS:**

\_\_\_\_\_  
User (Signature) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head (Name and Signature) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
CIO (Name and Signature) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
VP Executive (Name and Signature) \_\_\_\_\_ Date \_\_\_\_\_

**FOR IT DEPARTMENT USE ONLY**

**DEVICE ISSUED**

Make \_\_\_\_\_ Model \_\_\_\_\_ S/N \_\_\_\_\_

Mac Address \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Acceptable Use Policy on File
- Security Awareness Training Completed
- Mobile Device Policy Provided to User