



# Technology Request

Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Room: \_\_\_\_\_

**Please complete the appropriate section below; print this form and submit to your principal for approval.**

## Software Installation/Purchase Request:

Software Title: \_\_\_\_\_

Computer ID to install on: \_\_\_\_\_

### New purchase or download request:

Software Title: \_\_\_\_\_

Vendor/Website: \_\_\_\_\_

## Web Site Access Request:

Website address: \_\_\_\_\_

Include copy of block screen with your request.

## Streaming Media Scheduling Request:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Viewing Location: \_\_\_\_\_ Duration: \_\_\_\_\_

Website Information: \_\_\_\_\_

Passwords (if needed): \_\_\_\_\_

Please make sure to include as much information as possible so testing can be completed prior to date requested.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Technology Usage Only:

Dates Received: \_\_\_\_\_ Completed: \_\_\_\_\_

Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_