TECHNOLOGY REQUEST FORM

NAME: ____________________________

DATE: ____________________________

ROOM #: __________________________

SCHOOLS

| SCHOOL #3 | MIDDLE SCHOOL |
| SCHOOL #4 | EARLY LEARNING CENTER |
| SCHOOL #5 | HIGH SCHOOL |

SCHOOL #6 __________________________

Principal Signature: __________________________

Please forward to Technology Department after receiving Principal signature

Computer Repair ☐ New Computer Request ☐

Software/Hardware Installation ☐ Other ☐

Laptop Cart Reservation DATE: ________________ Time: ________________ Period: ________________

Laptop/Projector Reservation DATE: ________________ Time: ________________ Period: ________________

REPAIR ISSUE: (Please be as specific as possible)

Software/Hardware Installation: (Please be as specific as possible)

Other: (Please be as specific as possible)

TECHNOLOGY DEPARTMENT ONLY

Request Completed by: ____________________________ Date Completed: ____________________________

Solution: ____________________________