

Technology Software/Web Page Access Request Form

Name: _____ Campus: _____

Date: _____ Room #: _____

Request Type Web Page Access Software Installed

Web page address (URL): _____

Name of software: _____

License Available: Yes No Original Software Available: Yes No
(Send software to Instructional Technologist)

Justification for Request: _____

Instructional Technologist

Name: _____ Signature: _____

Recommendation: Yes No

Comments: _____

Principal

Name: _____ Signature: _____

Approval: Yes No

Comments: _____

IS Department

Date Received: _____ Date Completed: _____

Action Taken: _____

Action Taken By: _____ Signature: _____