COMPUTER / PRINTER / HARDWARE
INSTALLATION or RE-LOCATION REQUEST FORM

Academic Computing

Requestor Name: **Date**:	**Dean's Name** (or his/her designate): **Dean's Approval** (or his/her designate): yes/no **Approval Date**:	
Department Name:	**Requestor Phone Number**:	**Semester Needed**:
Location (building and room):		**Quantity of Hardware Needed**:
Hardware Type (printer, PC etc.):		
Network Connection Needed? Yes/no		
Other requirements (power, etc):		
Budget Number (if this request requires a purchase):		

Additional Comments: _____

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Please return completed form to mesahardwarerequest@sdccd.edu for processing

FOR ACADEMIC COMPUTING DEPT. USE ONLY	
Assigned To:	Date Completed:
License #:	