COMPUTER / Printer / etc 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 Date:	
Department Name:	Phone Number:	Semester Needed:
Location/room:		Quantity of hardware needed:
Hardware Type(s) (printer, PC etc.):		
Network Connection Needed? Yes/no		
Other requirements (power, etc):		
Budget Number (if this request requires a purchase):		

Additional Comments:

Return this Form to Monique Lybarger (mlybarge@sdccd.edu) for processing when completed

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