



Information Technology and Support Services  
**AV Equipment Setup Request Form**



*Please be sure to print all information clearly.*

**Requestor Information**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dept.:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**AV Equipment To Be Setup**

Projector    Screen    Camera    Video Camera    Other \_\_\_\_\_

**Projector to be attached to:**

**Desktop Make/Model:** \_\_\_\_\_

**Laptop Make/Model:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Room:** \_\_\_\_\_

**Number of Presentations:** \_\_\_\_\_

(Please complete Part B of this form for multiple presentations)

**Presentation Format/Media:** \_\_\_\_\_

(Power Point, Publisher/Thumb drive, CD, etc.)

*Please ensure that each location has sufficient power outlets, network access, etc. to support equipment for planned activity.*

**Extension cord needed? Yes/No** \_\_\_\_\_

**Network cable needed? Yes/No** \_\_\_\_\_

**Requested Setup Date:** \_\_\_\_\_

Please allow a minimum of 5 business days to process request.

**Requested Time Frame:** \_\_\_\_\_

(From - To)

**Admin. Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please forward completed form to the Information Technology and Support Services Help Desk via fax at x4366 or inter-office mail.*

**ITSS Information**

**Date request received:** \_\_\_\_\_

**HD initial:** \_\_\_\_\_

**WO #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_