



# Information Technology Department Laptop Distribution Form



## Requestor Information (Please be sure to print clearly)

Full Name:	Date:
Position/Title:	Phone/Ext.:
Building/Dept.:	Room #:
Home Address:	
Home Phone:	Mobile Phone:

## Emergency Contact Information (Please be sure to print clearly)

Full Name:	Home Phone:
Home Address:	
Work Phone:	Mobile Phone:

## Required Signatures

Requestor:	Date:
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**My signature acknowledges my full responsibility and liability for damage and theft while in my possession.**

Administrator Name (printed)	Date:
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Administrator Signature	
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I.T.	Date:
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