



**Information Technology and Support Services
Technology Equipment Relocation Request Form**



Requestor Information (Please be sure to print clearly)			
Full Name:		Move Date:	
Bldg/Dept:		Position/Title	
Room #		Phone/Ext.	

Because of the impact on district inventory, asset management, and network integrity, equipment moves between buildings, departments, etc. may require Cabinet Level Administrator review and approval.

Moving From: (Please be sure to print clearly)			
Building/Department:		Room #	

Moving To: (Please be sure to print clearly)			
Building/Department:		Room #	

Equipment Information: (Please be sure to print clearly)	
Make: (Gateway, Dell, HP, etc.)	Model: (3600, Optiplex GX520, etc.)
Serial #: (Usually located on the side or back of unit)	Asset Tag #:

Accessories: (Please check all that apply)	
<input type="checkbox"/> Speakers <input type="checkbox"/> Wireless Card	<input type="checkbox"/> Mouse <input type="checkbox"/> Other: _____
Reason for request:	
Goal:	Metric:

Locations MUST have sufficient power outlets and wiring/network connectivity to support all equipment before setup can proceed.

Required Signatures		
Requestor's Signature:		Date:
Administrator's Name		Date:
Administrator's Signature		
Cabinet Level Administrator's Name		Date:
Cabinet Level Administrator's Signature		