<u>All software loaded on district computers must be *purchased by* and *licensed to* the Plainfield Public School District.</u>

It is recommended that a trial copy of new software be acquired prior to purchase. Previously used/purchased software must be submitted with all the ORIGINAL media, purchasing and licensing information for approval.

Requestor Info:

Name/Title: _____ Phone: _____

Bldg/Dept:_____ Rm #:_____

PC Make/Model: _____ Asset Tag #_____
(Dell, Gateway, HP etc.)   (6 digits)

Title of software:_____

Software manufacturer:_____ Version:_____

Manufacturer trial copy? Yes _____ No_____   Web Access Version? Yes _____ No_____

Software to be used in: (Please circle one) a classroom?   a lab?   an office? Number of licenses required: _____

Description/URL: _____

Goal: _____ Metric:_____

Requests for approval of software for instructional use MUST include the following information.

Subject: _____ Grade Level: _____

Standards addressed:_____

<mark>**Required Signatures:**</mark>

Requestor Signature: _____ Date: _____

Bldg./Dept. Administrator:_____ Budget Code:_____
(Please print clearly)

Signature: _____ Date: _____

Cabinet Level Administrator: _____
(Please print clearly)

Cabinet Level Administrator Signature: _____ Date:_____
+++

Date received in IT:_____ Suitable for testing? Y/N _____ ITSS Initial_____

If *No*, why? _____

Forwarded to Educational Services? Y/N _____ Date _____ ITSS Initial _____

Approved for further testing by ES? Y/N _____

If *No*, why?/Recommendations: _____

Approved/Not Approved by:_____
(Please print clearly)

Signature: _____

Date forwarded to Help Desk _____ ES Initial _____

No further testing will be conducted on software for instructional use that is not approved by Educational Services

IT-SAR002

Please forward this form to the Help Desk/Call Center via email helpdesk@plainfield.k12.nj.us