



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 | |