

University Charter School

Technology Request

This form must be filled out and submitted to the IT Department in order to receive equipment or service

Date: _____

Requestor's Name: _____

Campus: _____

Principal Authorization: _____ Date: _____

Software Installation

Software Title: _____ Computer UT ID# _____

Building: _____ Room #: _____ User Account: _____

Who has this software? _____

Service Request

Type of Equipment: _____ Computer UT ID# _____

Building: _____ Room #: _____ User Account: _____

Describe the Problem/Request: _____

Other Request

Order Send

If Ordering: Fund Name _____ CIP# _____

Describe what you need: _____

Please fax this completed form to the UCS IT Department at (512) 471-4758