REQUEST FOR APPROVAL OF SOFTWARE INSTALLATION

Date of request:_____ Name: _____

School and department: _____

Software title: _____

Purpose of the software (include course and curriculum applicability, reason current software products are not sufficient, etc.): _____

From where was the software procured (attach a copy of the licensing agreement, receipt of purchase, etc.): _____

Computer system requirements and intended installation location: _____

Does the software require the purchase of new computer hardware (if so, include the required hardware description and cost): _____

Approved / Not approved (circle one, line out the other)

_____ _____
Building Administrator / Designee Date

Note – The Superintendent's approval is required for software affecting more than one school or a District-wide computer system.

Approved / Not approved _____ _____
Superintendent Date

Approved / Not approved _____ _____
MIS Staff Date