

# Technology Request Form

## GENERAL INFORMATION

Date:		First and Last Name:	
Email Address:		Class and Room#:	

## SOFTWARE PRODUCT DETAILS

Software Name:	
Quantity:	
Has access to PII (personally identifiable information)? Student information (names, addresses, student #'s, etc).	
Where to Install Software: (i.e., hardware, laptop)	
When Needed:	
New or Renewal:	
Assessments to measure success (i.e., Is it successful with students?)	
Free or Purchase <span style="color: red;">*if purchase also need to complete requisition*</span>	
Vendors Contact Name, Phone number, email address	

## ADDITIONAL INFORMATION (only for New Requests)

Please give a short description of how the requested item(s) will help you with your specific job responsibilities. Teachers: please explain how the requested item will help you and your students support the district's goals and/or initiatives. If you need more space you can write on the back.

## APPROVAL STATUS

Principal Approval (Y/N):		Date:	
DPO:		Date:	
Budget Code:			