

East Allen County Schools Request to Install Software

Current Date: _____

Title of Software: _____

Software Request Approval Number: _____

School(s)/Building(s): _____

Computer Name(s): _____

(Press Ctl-Alt-Del – Computer name is found in the first line of the Windows Login Information section)

Room Number(s)/Location(s): _____

(If necessary, use the back of this form or additional sheets to list requested information.)

Please send the following items to the Technology Department:

1. The original program CD or program disks
2. The documentation (e.g., Installation manual and Program manual)
3. The license agreement

Technology Department will return the following items as a confirmation of a successful installation:

1. The manual
2. Any CD's that are needed to run the program
3. A confirming email message

Software Implementation Date: _____

Comments: _____

Person Requesting This Installation: _____ Ext. #: _____

Role of Requesting Person: Check One Software Information:

- | | |
|---|----------------------|
| <input type="checkbox"/> Teacher/Staff | Subject Area _____ |
| <input type="checkbox"/> Administrator | |
| <input type="checkbox"/> Department Head | Grade Level(s) _____ |
| <input type="checkbox"/> District Curriculum Coord. | |

Principal's Signature: _____ Date: _____

East Allen County Schools Software Policy

Software will be installed on EACS computers under the following conditions:

1. *License requirements are met.*
2. *Software has been approved through the Software Request process*
3. *Original installation media is present.*

License requirements will be strictly adhered to with regard to the method and number of installations. All original programs will be retained at the Technology Department.

Technology Office use only: Installation Key: _____
Date Received: _____ Date installed: _____ Installed By: _____