

**AISD TECHNOLOGY COMMITTEE
COMPUTER SOFTWARE REQUEST FORM**

Note: All software loaded on a computer will be loaded by the Campus Technology Person or Technology & Information Services personnel. Contract Technology & Information Services if you have any questions about this form. *Return completed form to Technology & Information Services.*

<hr/> Department/Grade Level	<hr/> Building/School
<hr/> Person Making Request	<hr/> Date Of Request
<hr/> Principal Signature	<hr/> Date Approved
Software Title: _____	

STATE BRIEFLY THE PURPOSE OF THIS SOFTWARE:

DESCRIPTION OF SOFTWARE:

Is this software:	For the network?	YES	NO
	Multi-user ?	YES	NO
	For administrative purposes?	YES	NO
	For student use?	YES	NO

This Computer Uses	DOS/	Win 98	Win 2000	Win XP	(Circle all that apply)
This Software is for	DOS/	Win 98	Win 2000	Win XP	(Circle all that apply)

Suggested Vendor: _____ Price: _____

Address: _____ City: _____

List any other specifics about the software:

TECHNOLOGY & INFORMATION SERVICES DEPARTMENT DECISION

APPROVED

DISAPPROVED

Director, Technology & Information Services
Department

Date