

Software Approval Request

Name of Requestor: _____

Location: _____

Name of Software: _____

Summary of Installation: (Where will it be installed, on how many computers, what network resources will be required, etc.)

Complete on reverse of form if more space is needed

Technology Department

Request is ___ approved ___ disapproved.

Comments: _____

Technology Director Signature

Date

Before submitting this form to the technology department, ensure it is reviewed and initialed by the principal / site supervisor and the technician for your school or facility. Their initials indicate that they have reviewed the request and software, and determined that, *to the best of their knowledge*, the software:

- 1 - is compatible with the existing technology equipment on which it will be installed
- 2 - is appropriate for use within Scotland County Schools and the education environment;
- 3 - will not create unnecessary security or virus vulnerabilities, and;
- 4 - will not place unnecessary demands on network bandwidth and resources.

Principal or
Supervisor
Initials: _____

Site
Technician
Initials: _____

Comments: