

CLIFFSIDE PARK SCHOOL DISTRICT



TECHNOLOGY REQUEST FORM

NAME:

DATE:

ROOM #:

SCHOOLS			
SCHOOL #3	<input type="checkbox"/>	MIDDLE SCHOOL	<input type="checkbox"/>
SCHOOL #4	<input type="checkbox"/>	EARLY LEARNING CENTER	<input type="checkbox"/>
SCHOOL #5	<input type="checkbox"/>	HIGH SCHOOL	<input type="checkbox"/>
- SCHOOL #6	<input type="checkbox"/>		

Principal Signature:

Please forward to Technology Department after receiving Principal signature

Computer Repair	<input type="checkbox"/>	New Computer Request	<input type="checkbox"/>
Software/Hardware Installation	<input type="checkbox"/>	Other	<input type="checkbox"/>
Laptop Cart Reservation	DATE: _____	Time: _____	Period: _____
Laptop/Projector Reservation	DATE: _____	Time: _____	Period: _____

REPAIR ISSUE: (Please be as specific as possible)

Software/Hardware Installation: (Please be as specific as possible)

Other: (Please be as specific as possible)

TECHNOLOGY DEPARTMENT ONLY

Request Completed by:

Date Completed:

Solution: