

Software Request Form

Requestor	
Name:	Phone:
Department:	
Email Address:	Date Requested:
Department Head: <i>(Signature Required)</i>	
Vice President: <i>(Signature Required)</i>	

(When BOTH signatures are acquired please fax to OIT help desk for processing Fax #: (757) 823-8117)

Description	
Software Name:	Vendor:
Vendor Contact:	Vendor Phone:
Software Description:	
Usage: University wide <input type="checkbox"/> Departmental wide <input type="checkbox"/> Personal Use <input type="checkbox"/>	

Requirements
If the software product must be installed on a server, please list the hardware and software requirements:
Who will be supporting the software (i.e. will a maintenance agreement be purchased for the vendor support?)