

Laptop Request Form

Office of Technology

Name _____

Building _____

Department/Grade Level _____

Reason Laptop is requested (please be as specific as possible) :

Date laptop is to be picked up at Computer Services: _____

Date laptop is to be returned to Computer Services: _____

I have requested this laptop to carry out UE business. I understand that the laptop will be reimaged upon return and that it is my responsibility to remove any data that I need. All terms and conditions of the UE Acceptable Use Policy (AUP) are in effect while using this laptop.

Signature: _____ Date: _____

Please note that we will need at least 24 hours notice to have a laptop ready for pick up.



Notes: _____

Director of Technology Approval

Date:

Please return this form to Mary Mullock, Director of Technology.