College of the Redwoods

Request for ITS Services

Colleague/Other

Requesting Dept: _____
By: _____
Approving Mgr. _____
ITS Director _____
Request Date: _____
Due Date: _____
(Allow approx. 2 weeks for processing)

Semester and Year:
Fall _____ Summer _____
Spring _____ Winter _____
Report Needed: ☐ Yes ☐ No
No. of copies _____

Purpose of Request :

Specifics/Details of Request :

: ITS USE ONLY :

Date _____
Received By _____
Mnemonic _____

OPERATIONS

Run/Print Date _____
Processed by _____
Delivery/Mail Date _____
File Names: _____

PROGRAMMING

☐ New ☐ Change

Date: _____
Assigned To: _____