

*Tewksbury Public Schools*  
**Peripheral Installation Request Form**  
*Please attach a copy of the PO used to purchase the peripheral!*

Name: _____	Date: ___/___/___
School: _____	Room: _____
Curriculum: _____	Grade(s): _____

Manufacturer: _____	Version/Model #: _____
Number of Licenses: _____	Network Version? <input type="checkbox"/> Yes <input type="checkbox"/> No
Computer red tag #'s to be installed on (do not exceed licensing)	
_____	
_____ <input type="checkbox"/> Check here if additional on back	
Brief description of purpose:	
Required installation date: ___/___/___ (Please allow a minimum of 3 weeks)	
Does Peripheral require purchasing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes – What Account? _____	

Approval:	
Principal: _____	Date: ___/___/___
Asst. Supt.: _____	Date: ___/___/___

Information Technologies:	
Network Manager: _____	Date: ___/___/___
Estimated Install Date: ___/___/___	Completion
Technician: _____	Date ___/___/___

*Personal peripherals will not be installed on TPS computers!*