

# *Tewksbury Public Schools*

## *Software Installation Request Form*

**Prior to completing, YOU MUST:**

Contact the Assistant Superintendent:

\_\_\_yes

\_\_\_no

Contact the Network Manager (Keith Young):

\_\_\_yes

\_\_\_no

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

Software Name: _____	Version: _____
Manufacturer: _____	
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 Software require purchasing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes – What Account? _____	
<i>Please attach a copy of the PO to be used for the purchase of this software!</i>	

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

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

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