PAMLICO COUNTY SCHOOLS
APPLICATION FOR SOFTWARE INSTALLATION

Name: _____ School: _____

Email address: _____

Name of software: _____

Who owns or will purchase the software? _____

How many licenses have been purchased for this software? _____

Where should the software be installed? (fill in below)

Room #	Computer fixed asset number(s)

Please explain the instructional need for this software:

Please explain your implementation goals for this software, including dates:

The following information for the software will assist us in processing your application:

Software website address	
Technical contact information	
Sales contact information	

_____   _____
                      Signature   Date

_____   _____
            Administrator's Signature   Date

Please put the <u>labeled software</u>, the <u>licensing information</u>, and the <u>completed, signed application</u> into a ziplock bag and deliver to the technology director's office.

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Department of Technology Use Only

Approved: ☐ Not Approved: ☐		
	Director of Technology	**Date**
Reason:		

Approved: ☐ Not Approved: ☐		
	Network Administrator	**Date**
Reason:		