



# PAMLICO COUNTY SCHOOLS

## APPLICATION FOR WEB SITE ACCESS



Name: \_\_\_\_\_ School: \_\_\_\_\_

Email address: \_\_\_\_\_

Web site name: \_\_\_\_\_

Web site address: \_\_\_\_\_

The web site will be used at what locations? (fill in below)

Room #	Computer fixed asset number	Access needed on what date(s)

Please explain the instructional need for this web site:


\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Administrator's Signature Date

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### Department of Technology Use Only

Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/>		
	Director of Technology	Date
Reason:		

Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/>		
	Network Administrator	Date
Reason:		

Estimated date for access: \_\_\_\_\_