



# Information Technology Services: Disability Access Lab

## Software Request Form

**Please Note:** Additional or updated software will only be installed during the summer and July breaks. No Software will be installed during session. One software request per form

Software requests close off dates:

**November 2011** – for Session 1, 2012 requests

**April 2012** – for Session 2, 2012 requests



Requests received after these dates will **NOT** be processed

Please return this form to Building 17 Lev1 Central Labs or Fax 4221 4596

Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Faculty/Department: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

Software required for Subject No: \_\_\_\_\_ Session No: \_\_\_\_\_

Subject Co-ordinator \_\_\_\_\_ Extension: \_\_\_\_\_

### Software Information

Software Name: \_\_\_\_\_ Version: \_\_\_\_\_

Custodian of the Software: \_\_\_\_\_ Extension: \_\_\_\_\_

Platform: (tick)      PC

Which Lab do you require this software to be installed? (Please Tick)

Library Access Lab (8 PC's)

Is the software Windows XP Compatible?      Yes       No

Does your faculty have the appropriate number of licenses required to install the above requested software?

Yes       No

Are you familiar with the installation procedure of this product?      Yes       No

If **No** please specify alternate contact: \_\_\_\_\_

I hereby agree that the above software licensing information is correct, and has been verified.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Date form received:	Form received from:
Software install date:	