

Software/Application Request Form

ALL INFORMATION MUST BE INCLUDED FOR THIS REQUEST TO BE CONSIDERED.

Attach supporting information. When completed, return all forms to your building principal

Name: _____ Building: DZ [] LN [] MS [] HS [] Room: _____

Department: _____ Subject Taught: _____ Grade Level: _____

Software/Application requested: _____ Date Submitted: _____

Quantity: _____ Unit Price: _____ Total Price: _____

Platform (i.e. Windows, web-based, iOS (iPad): _____

System Requirements (if applicable, you may be able to print these from their website): _____

Manufacturer/Vendor: _____

Vendor Address: _____ City: _____ State: _____ Zip: _____

Vendor Website: _____

New York Standard(s) that this technology will meet: _____

How will this improve student learning?: _____

You must have reviewed this software before requesting it. Please provide results of the review.

How did you review this?	How is the software licensed?	
Online Demo <input type="checkbox"/>	Per computer <input type="checkbox"/>	Free <input type="checkbox"/>
Using trial mode <input type="checkbox"/>	Per user <input type="checkbox"/>	One-time purchase <input type="checkbox"/>
Other: <input type="checkbox"/>	Per Building or District <input type="checkbox"/>	Annual renewal <input type="checkbox"/>

Signatures/Initials Required	Approved ✓	PRINCIPAL: Building Funding Avail.	Director of Technology: Denial Lack of Tech Funding	Denial: Other Reason
Principal				
Director of Technology				
Deputy Superintendent				
Asst. Supt. Business				

All requests that are denied will be returned to the SYSOP who will keep a file on record and return the form to the originator.