

## Request for Software Installation

Please fill in completely. Incomplete requests will be denied. Please allow ten (10) business days for processing for individual machines. If you require installation of software in a classroom or lab environment, the request must be submitted prior to the deadlines for the semester requested.

<b>Employee</b>			
Date Submitted	Name		
Title		Department	
<b>Computer Information</b>			
Description or name of computer(s)		Location of workstation(s)	
<input type="checkbox"/> I would like to be present when the installation is performed. <input type="checkbox"/> I do not need to be present when the installation is performed.		<b>Best day or time to perform the installation</b> (Providing this information does not guarantee a day or time.)  __M__T__W__Th__F @ _____	
<b>Applications Requested</b>			
Please select the names of the applications to be installed.			
<b>Microsoft Office</b> <input type="checkbox"/> XP Professional version <input type="checkbox"/> 2003 Professional version <input type="checkbox"/> 2007 Professional version		<input type="checkbox"/> Other (please list) _____ _____ _____	
<input type="checkbox"/> Upgrade to Explorer 7.0 <input type="checkbox"/> Outlook email	<input type="checkbox"/> Antivirus software <input type="checkbox"/> Spybot spyware remover <input type="checkbox"/> Windows Defender		
<b>Software Licensing</b>			
<b>Check all that apply.</b> <input type="checkbox"/> All software selected is covered by a site license (proof attached). <input type="checkbox"/> This software is classified as freeware (proof attached). <input type="checkbox"/> My department owns a license for this software (copy of licensing attached). <input type="checkbox"/> I have previously provided proof of licensing to the IT department. <input type="checkbox"/> This is an individual application licensed only for my machine (proof attached). <input type="checkbox"/> Other, please explain _____			

By signing below, I accept responsibility for the security of the software codes or licensing installed on those ESCC computers for which I am primarily responsible. I also verify that this request is legal to the best of my knowledge.

\_\_\_\_\_  
(Employee signature)

\_\_\_\_\_  
(Date)

Security Officer Use Only				
Initials	Submitted	Completed	Status	Licensing

All documents created during the fulfillment of this request, such as emails, are to be retained along with this form.