Postsecondary Technology Request Form

Institution: _____ Campus: _____

Institution IT Contact: _____

Phone: _____ Email: _____

Target Date: _____

Provide information for each item being requested. Be sure to include the program the item(s) will be used for.

Item Description / Model	Quantity	Purpose	Program
e.g., Cisco 2960 Switch	*4*	*Classroom connectivity*	*CA2Y*

Institution Representative Signature: _____ **Date:** _____

Institution Representative Printed Name: _____

Submit completed form to postsecondary.business@wsdtx.org

Windham School District Administrative Use Only			
WSD Department Administrator	_____ Signature	Date: _____	☐ Approve ☐ Deny
WSD IT Dept Administrator	_____ Signature	Date: _____	☐ Approve ☐ Deny
Division Director of Instruction	_____ Signature	Date: _____	☐ Approve ☐ Deny
Chief Financial Officer	_____ Signature	Date: _____	☐ Approve ☐ Deny