

## License Request Form

Please complete all fields, incomplete forms or forms needing more information will be returned.

Employee Name:

Department:

Location (Campus, building, and room):

Software Name:

Reason software license is needed:

License fee:

Account the item will be purchased from:

***Please route the form in the order sequenced below, signatures acquired out of order will be returned.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IT Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VP Administrative Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_