

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: _____