

# SUNY BROCKPORT METROCENTER

## TECHNOLOGY RESOURCE REQUEST FORM

*Please Print*

Semester: _____	Course Number/Section: _____
Name: _____	Home/Cell Ph. Number: _____
Date Submitted: _____	Office Phone: _____
Department Name: _____	Office Fax Number: _____
E-Mail Address: _____	

### Computer Lab Request (other than for those courses regularly scheduled in lab)

Day	Date	# of Students	Start Time	End Time

CHECK SOFTWARE REQUIRED:	✓		✓
MS Office 2000	✓	Minitab	
Windows 2000 Pro		Nudist	
Internet Explorer		<i>Other (specify):</i>	
Dreamweaver			
FTP			
SPSS			

### Software Policy

Software titles not site licensed with SUNY College at Brockport must be ordered through the MetroCenter. All licenses, excluding SUNY Brockport site licenses, used at the MetroCenter MUST be kept on file at the MetroCenter.

To insure licensing compliance, SUNY Brockport licensed software may only be loaded on SUNY Brockport owned equipment.

**Faculty Signature:** \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.

#### OFFICE USE ONLY

**Request received by:** \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Room assigned by:** \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Confirmation to faculty/staff by:** \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ via \_\_\_\_\_.

**Room number:** \_\_\_\_\_