



PAMLICO COUNTY SCHOOLS

APPLICATION FOR SOFTWARE INSTALLATION



Name: _____ School: _____

Email address: _____

Name of software: _____

Who owns or will purchase the software? _____

How many licenses have been purchased for this software? _____

Where should the software be installed? (fill in below)

Room #	Computer fixed asset number(s)

Please explain the instructional need for this software:

Please explain your implementation goals for this software, including dates:

The following information for the software will assist us in processing your application:

Software website address	
Technical contact information	
Sales contact information	

Signature Date

Administrator's Signature Date

Please put the labeled software, the licensing information, and the completed, signed application into a ziplock bag and deliver to the technology director's office.

Department of Technology Use Only

Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/>		
Reason:	Director of Technology	Date

Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/>		
Reason:	Network Administrator	Date