PAMLICO COUNTY SCHOOLS
APPLICATION FOR WEB SITE ACCESS

Name: _____ School: _____

Email address: _____

Web site name: _____

Web site address: _____

The web site will be used at what locations? (fill in below)

Room #	Computer fixed asset number	Access needed on what date(s)

Please explain the instructional need for this web site:

_____   _____

Signature   Date

_____   _____

Administrator's Signature   Date

- -

Department of Technology Use Only

Approved: ☐ Not Approved: ☐	**Director of Technology**	**Date**
Reason:		

Approved: ☐ Not Approved: ☐	**Network Administrator**	**Date**
Reason:		

Estimated date for access: _____