

West Carroll Special School District
Request to Move Technology Equipment

Date	
Person Making Request	
Building	
Equipment Item to be Moved- include ID #	
Current Equipment Location	
Future Equipment Location	
Reason for Moving Equipment	

Teacher Signature _____

Approved:

Principal Signature _____ Date _____

Technology Director Signature _____ Date _____

Moved by:

Signature _____ Date _____

Submit document to Technology Office when completed

Updated Inventory By _____ Date _____