

# IT Equipment Removal Request Form

Name: \_\_\_\_\_ School: \_\_\_\_\_

Room/Location: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Reason for Removal Request:

## Equipment to be removed:

Computer (model/ type): \_\_\_\_\_

Computer serial number: \_\_\_\_\_

Monitor serial number: \_\_\_\_\_

Printer (model/ type): \_\_\_\_\_

Printer serial number: \_\_\_\_\_

Other: Model / Type: \_\_\_\_\_

Serial number: \_\_\_\_\_

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## Do not fill in below this line: IT USE ONLY!

IT Manager

Approve

Office Notified

Disapprove

Principal Notified

Work Order # \_\_\_\_\_