

For Office Use Only:

Database: _____

Calendar: _____



Tech Center Lab Request

Complete this form and return by email to pam.nicholson@cpsb.org or fax to 217.4121. (Two Week Notice Required)

Name: _____

Today's Date: _____

School/Department: _____

Phone: _____ Fax: _____ Email: _____

Lab Requested: (Check ONE unless any lab will suffice)

- Lab A (30 laptops) Lab B (40 laptops) Lab C (20 laptops)
 Lab D (25 desktops) Former Board Room (60 Laptops)

Date(s) Requested: _____

Time Needed:

I will need the lab from _____ to _____ (includes setup)

Training will be from _____ to _____ (actual participants' seat time)

Number of Participants: _____ Number of Sessions: _____

CLUs: _____

District Region Other: _____

Regular Work Day/Hours After Hours Weekend/Holiday

Title of Training: _____

Briefly **describe** what you will be doing in the lab:

Indicate **software/hardware needs**:

Upon acceptance of lab use request, I will receive an email confirmation. I understand the equipment is the property of the *Calcasieu Parish School System* and I am prohibited from installing software and/or hardware in the lab(s). I also understand and will comply with all lab rules. The lab will be used by:

_____, a CPSB employee at _____

Name

Location

I have read and agree with the requirements and responsibilities outlined above and on the Lab Checkout Procedures for utilizing the *CPSB Technology Training Center Lab*. In the event I fail to satisfactorily comply with the rules and guidelines, I understand I will relinquish my right to utilize the lab(s) and any other Technology Department equipment until deemed appropriate by the CPSB Chief Technology Officer.

Participant's Signature: _____ Date: _____

CPSB Tech Center Designee: _____ Date: _____