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 (30 laptops)   ☐ 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: _____