

Atlantic City Board of Education
Technology Department
1300 Atlantic Ave
Atlantic City, NJ 08401



TECHNOLOGY REQUEST FORM

SECTION 1 – REQUESTOR INFORMATION

Requestor Name: _____ Date: _____

School / Department: _____ Phone Extension: _____

SECTION 2 – REQUEST TYPE

☐ Hardware Only

☐ Software Only

☐ Hardware &
Software

SECTION 3 – HARDWARE REQUEST (Complete only if requesting hardware)

Current Hardware

☐ Dell Desktop

☐ Dell Laptop

☐ Chromebook

☐ MacBook

☐ iMac

☐ Other _____

Asset Tag: _____

Approximate Age: _____

Has IT inspected this device before?

☐ Yes

☐ No

☐ I do not currently
have a computer

Reason for Request (check all that apply)

☐ Device no
longer works

☐ Device is
outdated

☐ Device is too
slow

☐ Need
portability

☐ Increased job responsibilities

☐ Other _____

Requested Hardware

What type of device are you requesting?

☐ Dell Desktop

☐ Dell Laptop

☐ iMac

☐ MacBook

☐ Other: _____

List any accessories needed (monitor, keyboard, mouse, webcam, etc):

List any special requirements (memory, storage graphics, monitor size, etc.):

What will you use this computer for? (email, instruction, documents, testing, editing, etc.)

SECTION 4 – SOFTWARE / DIGITAL APPLICATION REQUEST
(Complete only if requesting software)

Software/Application Name: _____

Purchase For

☐ Admin Only

☐ Computer
Lab

☐ Media
Center

☐ Classroom

If for specific grade level(s), please specify: _____

Software Licensing

This software will be licensed for:

☐ District-Wide

☐ School

☐ Specific Users

If specific users, please specify: _____

Software Type

☐ Web/Cloud-Based Subscription

☐ Requires Local Installation

What will this software be used for? (instruction, assessment, administration, etc.): _____

Rostering Supported?

☐ Yes

☐ No

Privacy Policy Attached?

☐ Yes

☐ No

Training Included?

☐ Yes

☐ No

If Yes:

☐ Remote

☐ On-Site

SECTION 5 – PURCHASING INFORMATION

Have you obtained a quote?

☐ Yes

☐ No

Estimated Cost (if known): _____

Funding Source

☐ School Budget

☐ Grant

☐ Principal/Director

☐ Department Budget

☐ Other: _____

Account Number: _____

Contract/Service Agreement Required?

☐ Yes

☐ No

☐ N/A

If yes, agreement attached?

☐ Yes

☐ No

SECTION 6 – SHIPPING INFORMATION

☐ Ship to School for Tagging

☐ Ship to Admin Building for Tagging

Final Destination

☐ Admin

☐ ACHS

☐ BAS

☐ CHS

☐ MLK

☐ NYAS

☐ PAS

☐ RAS

☐ SAS

☐ TAS

☐ USC

☐ VPS

Attention To: _____

Requestor Signature Date: _____	Principal/Director Signature Date: _____
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TECHNOLOGY DEPARTMENT USE ONLY

☐ FERPA Compliant ☐ COPPA Compliant ☐ N/A

☐ Yes ☐ No

Req Number: _____ PO: _____ Date: _____