## H A R D W A R E R E Q U E S T F O R M

|  |  |
| --- | --- |
| Name of person making request : |       |

|  |  |
| --- | --- |
| Description of equipment (mfg., model, etc.): |       |

Lake Shore Curricular Content hardware supports:

[ ]  Science [ ]  Social Studies*[ ]* Communication*s*

[ ]  Math [ ]  Fine Arts [ ]  Physical Education

[ ]  Media Curriculum [ ]  Technical Education*[ ]* Health

[ ]  Career & Employability Skills *[ ]* Research/General [ ]  Non-Curricular

[ ]  Special Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is District funding being requested? |  | If not, ASN: |       | Cost:  |       |

|  |  |
| --- | --- |
| Standards/Benchmarks software supports or justification if not curricular: Identify applicable (use reverse side if necessary):      | Reviewer’s Comments      |
| Minimum hardware requirements:       |       |
| Type of computer (make and model #) where it will be installed:       |

Grade Level  Building

Requester’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Administrator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: (reviewer initials and dates)

Curriculum/Instruction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technology\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Send original to the Technology Department; Keep a copy for your records)