



Technology Service Request Form

Requestor: _____

School/Department: _____

Date Requested: _____

Description of
Request: _____

ITEMS REQUESTED:

Audiovisual

Computer (Desktop/Laptop)

Software

Other: _____

Location of Technology Purchase

(Room#): _____

Note: A form must be completed and emailed to pdillard@gville.k12.ms.us two weeks prior to the event.