

WISD ATAC LAB SOFTWARE INSTALLATION

This form should be completed and submitted to Technology Services to request installation of *ATAC Lab loaned software* on WISD computers:

REQUESTOR: _____

LOCATION: _____

ROOM NUMBER (if applicable): _____

COMPUTER ID NAME: _____
(for installation)

COMMENTS:

TECHNOLOGY SERVICES USE ONLY

DATE of INSTALLATION: _____

TECHNICIAN: _____

DATE of UNINSTALL: _____

DATE RETURNED TO ATAC LAB: _____