

Technology Learning Center

Request Form

Contact Information

Name _____ Phone _____

Email _____

Dept/Building _____

Training Information

Name of Training _____ # of Participants _____

Date _____ Time _____

Training Purpose (briefly describe why the training is being scheduled)

Equipment Needs

___ # of laptops Received Returned

___ Internet access

___ Network access

___ Projector

___ Screens

___ Video Conferencing

Software

___ Microsoft Office

___ CIMS

___ Firefox

___ Internet Explorer

___ Other _____

Special Notes

1. Secure TLC at all times
2. Maintain room cleanliness
3. Report any damaged equipment/software
4. Shut down/Turn off all equipment when finished
5. Technical Support is provided **when available** at 755-2850.

Approved/Denied _____

Name _____

Date _____