

Integrated Information Technology Services

Network Attachment Request

Use this form to request a new network wire/port or to relocate an existing wire/port. Please print legibly. Your form will be returned if it is unreadable. Please return this form to the Computer Help Desk, ext. 3115, Room L119 in the basement of the Library.

Rev. 1/11

Name _____			
Division/Department: _____	Building: _____	Room #: _____	
I am: <input type="checkbox"/> Staff Exempt	<input type="checkbox"/> Staff Non-Exempt	<input type="checkbox"/> Faculty	Phone #: _____
Type of Attachment needed:	<input type="checkbox"/> Additional	<input type="checkbox"/> Relocation	
Date Requested: _____	Date Required: _____		
All requests are handled on a first-come, first-served basis. Please allow at least 2 weeks for completion. More time may be required depending on the scope of the work. You will be notified if Network Services will not be able to fill your request in a reasonable amount of time.			
What is/will be connected to this wire/port?	<input type="checkbox"/> PC	<input type="checkbox"/> Mac	<input type="checkbox"/> Printer

User Signature

Date

Division Head Signature

Date

Please note: Two signatures are required – User and Division Head.

Please include a simple floor plan indicating the location of existing wires/jacks, new wires/jacks, furniture, doors and windows as applicable: