

Software Request
Academic Computing Services

Date: _____ Account to be charged: _____

Requestor Name: _____ Department: _____

Recipient, if different _____

Room/Bldg. _____ Phone: _____ E-mail: _____

This software will go on: _____ An existing system _____ A new computer

CPU (SUNY BAR-CODE ID) Number: _____

- Software Application: _____ Version: _____
- Platform: Macintosh _____ Windows _____

Academic Computing Services reserves the right to charge academic departments for limited or unsupported software. Please refer to the Software Support Policy for Faculty/Staff at:
<http://www.cortland.edu/ir/support.asp>

Please provide an explanation to purchase limited or unsupported software.

Explanation: _____

I have reviewed a copy of the SUNY Cortland Copyright Policy. I understand that my utilization of this campus purchased software is strictly governed by these guidelines.
http://www.cortland.edu/copyright/tbl_of_contents.html.

Faculty/Staff Signature _____

Approved, Dept. Chair/Head: _____ Date _____

Send completed form to: Director, Academic Computing Services, Sperry Hall

ACS Use Only	
Software Cost to Department: _____	Date Ordered: _____
Limited/Unsupported Approved by Director of ACS: _____	
Date Distributed: ____/____/____	Installer's Signature: _____
Order# _____	Fund Transfer _____