

**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, Winchell 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 _____