CHESTER UPLAND SCHOOL DISTRICT
Technology Department

TELEPHONE: 610-447-3552   **EMAIL:** cusdhelpdesk@chesteruplandsd.org   **FAX:** 610-447-3584

Software Installation Request Form

This form is to be used when a staff member wishes to have software installed on a Chester Upland School District computer.

The purpose of the Software Approval Process is to determine if software is compatible with Chester Upland School District (CUSD) networks before the software is installed and if the software aligns with the standards set forth by the Office of Curriculum and Instruction.

Date: _____

Requestor:_____

School: _____   Room/Office: _____

Phone:_____   Email:_____

Software Title: _____

Software Version: _____

Grade Level: _____

Reason/Purpose of software (What is the specific learning outcome desired from use of this software?)

_____
_____
_____

Who Previewed this Software?   **By What Means?**   (Check all that apply)
□Teacher   □Demo CD
□Student   □Website
□Other   □Purchased single copy (kept)
                 □Previewed for_____ days (returned)

Type of license: (Select ONE)
□ **District**
Covers installation on all district computers
□ **Site**
Covers installation on computers in a single building or school
□ **Lab Pack**
Covers installation on the agreed upon number of computers in a single lab (usually 5-30)
□ **Single User**
Covers installation on one computer

When does software need to be installed: _____

How many laptops/computers will be serviced: _____

Hardware Requirements: (Select ONE)
□ Windows 2000
□ Windows XP
□ Windows Vista
□ Mac OS X

Check one of the following:
□ I have this software.
□ I am requesting to check if this software is available in the district.
□ I wish to purchase this software.

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REQUIRED SIGNATURES	
Requestor:	**Date:**
Principal:	**Date:**
Office of Curriculum & Instruction Approval:	☐ **Supports Curriculum** ☐ **Does not support curriculum**
Signature:	**Date:**
Technology Department Approval:	☐ **Approved** ☐ **Not Approved**
Signature:	**Date:**