

System REMOVAL Request Form v1.5c

Forestry Computing Group Support Request form for any networked or non-networked hardware

This form removes a computer from computer support. Any system removed from support will not be diagnosed or repaired by Computing Resources Group. Contact Lisa Ganio or Terralyn Vandetta at: Network.Billing@orst.edu if you have questions about your billing statement.

Please Print Clearly

USER INFORMATION

Today's Date: _____

Primary User Name: _____

Machine Location (*Building/Room*): _____

Phone: _____

Remove Date: _____

Signature: _____

Your signature indicates that you &/or your responsible party listed below agree to have the system listed above removed from the network as of the date next to your signature

SYSTEM INFORMATION

SYSTEM NAME: _____

Circle One:

Laptop

Desktop Workstation

For Office Use Only:

Date system removed from support: _____

System removed by: _____

NIC Address: _____

Additional comments:

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