



Nashville State Technical  
Community College

Software Request Sheet

Today's Date:  
[ ]

Required Date:  
[ ]

Requestor First Name:  
[ ]

Requestor Last Name:  
[ ]

Requestor Phone Number/Extension:  
[ ]

Requestor Email:  
[ ]

Department:  
[ ]

Department Account Number:  
[ ]

Software Name and Version:  
[ ]

Software Vendor:  
[ ]

Course Text Software (only):  
Rep. Contact Name:  
[ ]

Rep. Contact Phone Number:  
[ ]

Rep. Contact Email Address:  
[ ]

Room Number(s): (Specific Room Numbers Required)  
[ ]

Tag Number(s): (Specific List of Tags Required)  
[ ]

Special Installation Instructions:  
[ ]

Requestor Printed Name: [ ]

Requestor Signature: [ ]

Date: [ ]

Dean/Dept. Head/Coordinator Printed Name: [ ]

Dean/Dept. Head/Coordinator Signature: [ ]

Date: [ ] (A total of two signatures are required.)

After all signatures have been obtained forward to Computer Services Help Desk along with Software Analysis Form.  
(This can be sent and approved electronically.)

For office use only:  
Licensure Verified by CSD: \_\_\_\_\_ Number of Licenses Verified \_\_\_\_\_ Term of License: \_\_\_\_\_  
Location/Server approved by: \_\_\_\_\_ Items Received: \_\_\_\_\_ Media: \_\_\_\_\_ Other: \_\_\_\_\_  
Installation Approved by: \_\_\_\_\_