

INFORMATION TECHNOLOGY REQUEST FORM

Requester Name: _____ Department: _____

Employee ID: _____ Manager Name: _____

Request Details:

Request Type: _____

Priority Level: _____

Requested Hardware/Software: _____

Justification for Request:

Security and Access Requirements:

- Network Access Required (Yes/No): _____

- System Administrator Access (Yes/No): _____

- Remote Access (Yes/No): _____

Software Installation Details:

Software Name: _____

Version: _____ License Key (if applicable): _____

Source of Installation Media: _____

Hardware Request Details:

Device Type: _____

Brand / Model: _____

Quantity: _____

Additional Specifications/Comments:

Approval Section:

Requested By (Signature): _____

Approved By (Signature): _____

Date of Approval: _____

Terms and Conditions:

By submitting this IT Request Form, the requester acknowledges and agrees to the following terms and conditions: 1. All requests are subject to approval by the IT Department and relevant management. 2. The requester is responsible for providing accurate and complete information. 3. Unauthorized use or installation of software or hardware is prohibited. 4. IT reserves the right to deny or delay the fulfillment of requests based on budget, compliance, or security considerations. 5. All installed software must be properly licensed and compliant with company policies and applicable laws. 6. The requester agrees to comply with all company IT security policies and procedures. 7. Personal use of company IT resources is governed by existing company policies and may be subject to monitoring. 8. The requester indemnifies the company from any claims arising from misuse or unauthorized use of IT resources. 9. This form and all related communications may be used as evidence in enforcing company policies or legal actions. 10. This agreement is governed by the laws of the United States and applicable state laws, without regard to conflict of law principles.

Requester Signature

IT Department Signature

Date:

Date:

Signature: _____

Signature: _____

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