

SOUTH COLONIE CENTRAL SCHOOL DISTRICT

INFORMATION TECHNOLOGY REQUEST

Request Made By: _____

School: _____

Date of Request: ___/___/___

Need by Date: ___/___/___

REPORT REQUEST

DESCRIPTION OF REQUEST NEW REQUEST HAVE MADE REQUEST BEFORE
Please include:

1. Title of Report: _____
2. Code # of Report (usually in the heading): _____
3. Include a sample page of the report
4. Parameters of Report (grade levels, etc.): _____
5. Number of copies: _____
6. Sort order (by school, section, alpha, grade level, etc.): _____

LABEL REQUEST

If label request, please circle one of the following:

1. To the student
2. To the parent/guardian of
3. Sort order (by school, section, alpha, grade level, etc.): _____
4. Number of copies _____

Other: _____

Administrator's Signature _____

Fax to Jack Adams @ the DO
FAX #: 464 3321