Whitehall District Schools Software Evaluation/Approval Form

Updated 03/14/08

Name	

Building	

Desired Installation Location(s)	

Software Title	
Written By	
Purpose of Software	
Number of Copies	
License Type (circle)	Group or Individual (Group Examples: Lab, Building, District)
Cost of Program	
Funding Source	

Agreement	By completing this form I agree that the software I am requesting if purchased will be kept as follows: If it is an Individual license I will keep the box next to my computer if approved. _____ Initials A group license requries an attached photocopy of the license. Software will be kept locked up by the technology department as they hold legal responsibility for software installed in our district. _____ Initials _____ Signature of Requestor Date

Evaluation and Approvals **The Tech Dept and Tech Curriculum Administrator must approve before the Building Administrator.**	Evaluation Date: ☐ Approved ☐ Not Approved - Reason: _____ _____ Technology Committee Administrator Date _____ Technology Department Personnel Date
	☐ Approved ☐ Not Approved - Reason: _____ _____ Building Administrator Date