

Computer Imaging Form

User Name: _____ Phone#: _____ Agency/Loc: _____

Existing PC DetailsNew PC Details

Blue State ID# _____ Model Number _____ Service Tag _____ IP Address _____	Blue State ID# _____ Model Number _____ Service Tag _____ IP Address _____ On Domain () Standalone ()
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Software to be Installed

Microsoft Office Suite _____ (Must have license for version being requested)

Other Software Needed:

Printers / Scanners to Connect

Make and Model Number	Connection: Local or Network?	If Network: IP Address?

Please note there is a two-week time frame for computers to be imaged, depending on current work load of imaging requests. All imaging requests are handled on a first come first serve basis.

The Division Coordinator's signature certifies that the division has purchased sufficient licenses to install the indicated software on this PC, and acknowledgement of the two-week timeframe.

*** Division Coordinator's Signature ***

Date