



Information Technology Internal Operating Procedure

Server Storage Space Request

Requestor Name:

Date:

Department:

Phone:

Server Name:

Request:

Point of Contact:

(name, email, telephone, room number, campus)

Storage Purpose:

Text Files

Databases/Spreadsheets

Images

Other (*describe*)

Off-Campus Access:

Folder Will Contain Sensitive Material:

Total Space Requirement:

Date Needed:

Backup Services Required:

Preferred Folder Name:

Data Volatility (Updates):

Daily

Weekly

Monthly

Active Directory Username(s) / Select Type(s) of Access Required:

Name:

Name:

Name:

Name:

Name:

Name:

Requestor Signature:

Date:

Supervisor Signature:

Date:

FOR INFORMATION TECHNOLOGY USE ONLY

Approved by:	Date Approved:
Completed by:	Date Completed:
Notice Returned to Requestor by:	Date Notified:
Date Removed:	
Comments:	