

# Request to Maintain Department/Desktop Device

## Wright State University Managed Print Services

Instructions: Please complete this form and email to [managedprint@wright.edu](mailto:managedprint@wright.edu)

**Please ensure you have your manager approval before submitting this request.**

Date of this Request: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Building: \_\_\_\_\_ Room#: \_\_\_\_\_

Phone Ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

Make/Model/Serial No. \_\_\_\_\_

Asset Tag No. X00 \_\_\_\_\_ Room# for Device \_\_\_\_\_

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Business justification: \_\_\_\_\_

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\_\_\_\_\_

Supervisor Name

\_\_\_\_\_

Supervisor Signature

\_\_\_\_\_

Approving Business Manager Name

\_\_\_\_\_

Approving Business Manager Signature

\_\_\_\_\_

Approving VP/ Dean Name

\_\_\_\_\_

Approving VP/ Dean Signature