

**The School Board of St. Lucie County
Request for Software Installation/Use**

This section is to be completed by the teacher making the request.

School: _____

Date: _____

To: _____ (Principal/Designee)

From: _____ Room # _____

Software
Title: _____ Donation _____ Loan _____

License No. _____
Please attach original license to this form.

Rationale: _____

Sunshine State Standards Addressed: _____

Anticipated date of
installation/use: _____

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*This section is to be completed by the Principal/Designee.*

Administrators Reply:  
Permission \_\_\_\_\_ granted \_\_\_\_\_ denied

Details/Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

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This section is to be completed by the teacher if the software was loaned.

I certify that I have uninstalled the above software program from my classroom computer(s). I request that the original copy of the software license be returned to me.

Signature: _____
Date: _____