

ITS Service Request/Application Form Software Request

Department: _____ Date: _____

Internal Order Number: _____

Contact Details: Name: _____ Phone: _____

Email Address: _____

For up to date pricing and information on available products visit: www.otago.ac.nz/slsc

Licence Requested (Including Version if known)	Account Code	Dissection	Sub Dis
		3316	00
Computer ID or Staff Member Using Licence	Quantity	Platform	Price
			\$

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Installation Requirements

On-line Access **OR** Borrow Media

Terms & Conditions:

I hereby agree to abide by the licence conditions. I agree that upon expiration of this licence I will "uninstall" this software from the machine.

Signed: _____ Authorised Signatory: _____

**Please return this form to ITS Procurement and Licensing Office,
CS Building, Leith Walk or Fax: 479 8577**

ITS Use Only:

Licence Reference: _____ Date: _____