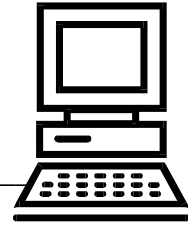


This form must be sent by the designated campus representative who will fax this form to the Technology Department (409) 962-5998.

PN-GISD TECHNOLOGY REPAIR REQUEST



Please Print

Date: _____

Name: _____

Campus: _____

☞ ☞

Computer Brand & Model: _____

_____ PC _____ MAC _____ NETWORK (check one)

Serial #: _____

PNGISD **Tag #** (MUST HAVE THIS): _____

Computer # if in a Lab: _____

☞ ☞

Printer Brand & Model: _____

Serial #: _____

PNGISD **Tag #** (MUST HAVE THIS): _____

☞ ☞

Location of Equipment (**Room #**): _____

Describe the problem below (*please print*).

This form must be sent by the designated campus representative who will fax this form to the Technology Department (409) 962-5998.

FAX COVER SHEET IS NOT NECESSARY.