

OFFICE MOVE REQUEST FORM

Department

First Name

Last Name

Title

CONTACT INFORMATION

Name (blank if same as above)

Four Digit Ext.

Building, Suite/Room #

MOVE INFORMATION

From:

To:

Requested date to move

Reason for Move

Move Details/specifications

of boxes # of Desks # of Chairs # of Cabinets

List any other items

IT EQUIPMENT

Computer Phone Printer

AVAILABLE CONNECTIONS

Phone Network Power

APPROVALS

Dept. Chair/Director Signature: _____

Date: _____

Provost/Vice Chancellor Signature: _____

Date: _____

Facilities Director Signature: _____

Date: _____

IT Director Signature: _____

Date: _____