



FILL OUT FORM ONLINE, PRINT, & EMAIL
ORU IT Department E-mail:
helpdesk@oru.edu

Technology Move Request

Please fill out this form in its entirety. If possible, print and fill out. If multiple people are moving, please fill out one request form per person who is moving.

Request Date:

Move Date/Date Range:
(Dates are subject to availability)

First Name:

Last Name:

Department:

Email:

Phone:

Department Mgr.:

Move Information: Office Location, Items, etc.

From Location:

To Location:

Items to Move:

(Enter miscellaneous tech items to move in the fields below)

Computer/Monitor Phone

Scanner TV

Local Printer Cable Box

Available Hours (All moves are subject to technician availability)

M 9 am - 11 am 1 pm - 4 pm	T 9 am - 11 am 1 pm - 4 pm	W 9 am - 11 am 1 pm - 4 pm	R 9 am - 11 am 1 pm - 4 pm	F 9 am - 11 am 1 pm - 4 pm
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Other Information (Ex. Remodeling, need longer cables, requesting for another user, etc.)

Ticket Information – IT Use Only

Ticket #:

Technician:

Date Completed: