

Computer Exemption Request Form

Date: Co	Instructions: Complete the form below and click "Submit by E-mail" for committee review.						Request No:	
	To be completed by all offices and departments seeking to retain possession of a computer considered to be too old for normal and up-to-date functional uses.						tee Use Only)	
Department Information:								
College or Area:	Department:	Department: Unit#:						
Contact Name:		E-mail:			P	hone#:		
Requestor: (If different)		E-mail:			P	hone#:		
Equipment Information:								
Inventory Tag No:	Description: Brand/Model#				Location Bldg#/Rm#			
Usage Information: Brief Description if needed:								
Primary Use:								
Which Operating System is installed? Select OS below OR add OS title/version in the 'Other' field. For Linux please list version in 'Other'.								
Windows:	Windows Server:	Mac	OS:	Linux:	Oth	ner:		
Is it attached to the SIUC Network? Who is the last known user?								
Does it store sensitive data? If so, What?								
Does it require specialized software? If so, What?								
How was it paid for? (ie: Grant funds, Local funds, State Funds)								
Please list any additional comments for consideration below:								
Committee Approvals - (To be completed by committee only)								
Approved Approved Conditionally	Committee Signate	ure:						
Denied Notes:	Director of Informa Signature (if appro							