

Centralized Disk Storage Request (Q drive)

Contact Information for requestor:

SR #: _____

Name of user: _____

Department: _____

Campus telephone number: _____

Relationship to the University: (Faculty/Staff/Student) _____

Mail stop: _____

Email address: _____

Supervisors Name: _____

Supervisors phone number: _____

Disk Space Info:

Who will be using the disk Space: (Department, Special Project team, individual): _____

When is the Disk Space needed: _____

When can the Disk Space be released from your project: _____

If space request is related to the Special Project, Is this is grant related activity? _____

How much Disk Space is required (MB): _____

How will the Disk Space be used: _____

Q drive path: _____