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:__________________________________________________________