



## Computer Lab Usage Request Form

Teacher Name: \_\_\_\_\_

Subject Area: \_\_\_\_\_  
(Optional)

Date Submitted: \_\_\_\_\_

Date & Period Needed: \_\_\_\_\_ / \_\_\_\_\_  
(This request must be submitted at least 2 days in advance to accommodate scheduling needs.)

Location: \_\_\_\_\_  
(which computer lab) (Room 319 CL or Library CL)

**Equipment Needed:** \_\_\_\_\_  
\_\_\_\_\_

*Additional Requests:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approvals:** \_\_\_\_\_ ; \_\_\_\_\_