

College of Technology

Assistance Request Form (ARF)

Please hand into your Office Coordinator or drop off in Room 116-T2

Name: _____ Email Address: _____

Date: _____ Time: _____ Phone Number: _____

Machine ID: _____ Machine Location: _____ Machine Type: _____

Software Problem: __ Hardware Problem: __ How To Problem: __ Network Problem: __

Problem Description: _____

Requested Priority: (High, Medium, Low)

Justification: _____

To Be Completed by IT:

Case Number: _____

Assigned Priority: _____ Est. Resp. Date: _____ Signature: _____

Problem/Request Assessment: _____
