

Request for IT Services

(Please print when filling out form and leave form in the IT Services Help Desk box located outside of Room B11)

Date: _____

Name: _____

Phone#: _____

E-mail Address _____@BlueRidgeCTC.edu

Location: _____

_____ Computer

_____ Banner

_____ Telecommunications

Description of problem: _____

If problem exists in a lab please give proper information to help locate system having trouble.

To be filled out by IT Services

Brief description of work performed. _____

Date work completed: _____

Work performed by: _____