

Queensborough Web Services Request Form

Instructions

- Please fill out this form completely, including all appropriate signatures.
- Requests **MUST** be delivered to the ACC Web Development team, Library room 117.

Contact Information

Requested by:		Department:
Telephone:	Fax:	Email:
Authorized by (signature of department Web coordinator):		

Please provide complete Web site address and brief description

Please select one of the following:	Brief Description	Purpose:	Materials to be furnished:
<input type="checkbox"/> Added <input type="checkbox"/> Updated <input type="checkbox"/> Removed			<input type="checkbox"/> Images <input type="checkbox"/> Audio files <input type="checkbox"/> Video files <input type="checkbox"/> Text content <input type="checkbox"/> Animations
<input type="checkbox"/> Added <input type="checkbox"/> Updated <input type="checkbox"/> Removed			<input type="checkbox"/> Images <input type="checkbox"/> Audio files <input type="checkbox"/> Video files <input type="checkbox"/> Text content <input type="checkbox"/> Animations
<input type="checkbox"/> Added <input type="checkbox"/> Updated <input type="checkbox"/> Removed			<input type="checkbox"/> Images <input type="checkbox"/> Audio files <input type="checkbox"/> Video files <input type="checkbox"/> Text content <input type="checkbox"/> Animations
<input type="checkbox"/> Added <input type="checkbox"/> Updated <input type="checkbox"/> Removed			<input type="checkbox"/> Images <input type="checkbox"/> Audio files <input type="checkbox"/> Video files <input type="checkbox"/> Text content <input type="checkbox"/> Animations

Note: Please provide a hard copy (e-mail is acceptable) for the items mentioned above.

Additional Request:

Expected start date:

Estimated completion date:

You will be notified along with your department Web coordinator via E-Mail as to status of your Web request as the project progresses.

Official Use Only (do not write below this line)

Date Received:	
Approved by:	
Completed by:	Date Completed: