

Mass Storage Request

This form is used for the purpose of acquiring additional disk space.

Requestor:

System: ra.msstate.edu Web Storage URL _____

User Name: _____ NetID: _____

Full Name: _____

Contact or Office Telephone Number: _____

Contact Email Address: _____

Classification: Faculty Staff Student

msstate Email: _____

Total Mass Storage needed (in Megabytes): _____

Time period during which mass storage is required:

From: _____ (month/year) To: _____ (month/year)

Project/Course for which storage is needed:

Detailed Description of Reason for Additional Storage:

Requestor's Signature Date

Requestor's Name (please print)

A student request requires a Faculty signature below.

Faculty Member's Signature Date

Faculty Member's Name (please print) Email Address

For Help Desk Use Only Ticket Number _____