

Mass Storage Request

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

Requestor:

System: ra.msstate.edu Web Storage
User Name: _____ NetID: _____
Full Name: _____
Contact or Office Telephone Number: _____
Contact Email Address: _____
Classification: Faculty Staff Student

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** _____