



Office of Information Technology

Shared Network Storage Request Form

All requests for use of IT resources will be governed by the Bergen Community College Acceptable Use Policy and applicable administrative guidelines.

Shared Storage is not provided for personal files, e.g., music, video, etc.

Department _____

Brief description of shared storage needs: _____

Desired Network Share Name _____

(Network share name should be a one-to-two word name given to the network folder.)

Primary Contact Information

Name	
Room#	
Telephone Number	
Email address	

Secondary Contact Information

Name	
Room#	
Telephone Number	
Email address	

Additional Requests or Comments

Primary Contact _____ Date _____

Dean or Director _____ Date _____