



**Information Technology Services
Office Of ITS Special Projects
Change Request Form**

**Please complete the fields below and email this form to
ITS Special Projects Manager, Ralph Flickinger, ralph@imsa.edu**

Date: _____

Requester: _____

Email: _____

Project Name: _____ **Project #:** _____

**Can be found on the ITS Special Projects website*

Description of issue that needs to addressed (*Required*)

Recommended Action (*Optional*)