

TACOMA SCHOOL DISTRICT NO. 10

STATIC IP ADDRESS REQUEST FORM

(Single Request Form)

Date: _____

Date Required by: _____

(Please allow 2 working days from time of receipt)

Technician Name: _____

School Name: _____

Room Number:

IDF Number:

Equipment Type:

If Mobile Device who is assigned the device:

Mac Address:

CHECK APPROPRIATE SUBNET

- Admin (16) Student (32) Career & Technical Teachers (48)
 Teacher (24) Library (40) Career & Technical Students (56)

Reason Static IP Address is needed for devices other than printers.

Please fax completed form to Network Services ext 1072

TO BE ASSIGNED BY NETWORK SERVICES

Static IP addresses used for devices other than printers require a Network Administrator approval.

Signature

NDPS Printer Agent

MFD Email Activated Network Drop Activated MFD Fax # (if applicable)

Static IP Address:

Device Name (if applicable):

Special Comments or Instructions

Documentation completed by:

Date:

