

Adobe License Request Form

This form can be filled out and signed in Acrobat Reader. If you are not using Acrobat, please print clearly and legibly. Once completed please submit by *email* to <u>licensemanager@mtroyal.ca</u>

Name:	Asset No.	
Username:	Department:	
Office No.	Local:	
Adobe software requested:		
Acrobat DC Create, convert, & edit PDFs	Creative Cloud Includes Acrobat DC. Applications for graphic design, video editing, photography, & web development	Adobe Sign When a legal audit trail is required for signatures (Send, sign, track, & manage signatures.)
Please present a business case st	ating why you require this software for your wor	k duties.
	enses, IT Services reserves the right to remove Ac d on MRU owned computers only, no exceptions of the IT Department.	
By signing below, you agree to th	e conditions stated above.	
Date:		
Employee signature:		
Date:		
Supervisor's name:		
Supervisor's signature:		