



## Adobe License Request Form

Please print clearly and legibly. Once completed scan and mail to: [licensemanager@mtroyal.ca](mailto:licensemanager@mtroyal.ca).

Name:	<input type="text"/>	Asset #:	<input type="text"/>
Username:	<input type="text"/>	Department:	<input type="text"/>
Office #:	<input type="text"/>	Local:	<input type="text"/>

Adobe software requested – check only one.

Adobe Acrobat DC       Adobe Creative Cloud (includes Adobe Acrobat DC)

Please present a business case stating why you require Adobe CC or Acrobat DC for your work duties.

Due to the limited amount of licenses, IT Services reserves the right to remove Adobe Creative Cloud based on usage. All licenses will be installed on MRU owned computers only, no exceptions. Only one license will be issued per user, subject to the approval of the IT Department.

By signing below you agree to the conditions stated above.

Employee signature:	<input type="text"/>
Date:	<input type="text"/>
Supervisor's name:	<input type="text"/>
Supervisor's signature:	<input type="text"/>
Date:	<input type="text"/>