

## MPS Solution Exception Form

Please complete the information below, obtain approval and email completed form to <a href="mailto:Ray.Lambert@gvltec.edu">Ray.Lambert@gvltec.edu</a>. The requestor will be contacted by the Auxiliary Enterprises Director within a week. For additional information, please refer to the GTC Print Policy.

## **Department/Requestor Information**

Department Name	e:	
Campus/Building	Number/Room Number:	
Requested by:		
Phone:	Email:	
Please enter make	e, model and serial number of	the current printer:
Make:	Model:	Serial:
Briefly explain why this device is needed:		
How often is the	reason above applicable?	
I hereby certify the	nat the items listed above are r	necessary for departmental use.
Director/Dean/Supe	ervisor Name:	
Director/Dean Supervisor Signature:		Date:
Reviewed by: GTC Auxiliary Enter	rprises Director	
Signature:		Date: