
**SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
INFORMATION TECHNOLOGY
SECURITY PLAN**

IT Asset Management: *Configuration Management and Change Control*

Change Request Form

Change Request ID Number: _____ *(IT Staff use only)*

Date of request: _____

Requestor Name: _____

1. Type of Change: Hardware _____ Software _____

2. Description of Change:

3. Reason for Change:

4. Requestor Supervisor: _____

 a. Approved by Supervisor: _____

**SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
INFORMATION TECHNOLOGY
SECURITY PLAN**

IT Asset Management: *Configuration Management and Change Control*

Change Request Form

5. Risk Assessment: *(To be completed by IT Network Administrator)*

Method of Certification: Testing: _____ Vendor Certification: _____

a. Pass: _____

b. Fail _____ (Explain)

Explanation: _____

6. Change Request: *(To be completed by IT Network Administrator)*

a. Approved: _____

b. Denied: _____ (Explain)

Explanation: _____

7. Request is: *(To be completed by college ISO)*

a. Approved: _____

b. Denied: _____ (Explain)

Explanation: _____

8. IT Staff Member Assigned to the Task: *(To be assigned by IT Network Admin.)*

Name: _____

9. Task Completed: *(to be completed by IT staff member given above)*

a. Yes _____

**SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
INFORMATION TECHNOLOGY
SECURITY PLAN**

IT Asset Management: *Configuration Management and Change Control*

Change Request Form

b. No _____ (Explain)

Explanation: _____

Date: _____