



MPS Solution Exception Form

Please complete the information below, obtain approval and email completed form to Ray.Lambert@gvltec.edu. 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: _____

Campus/Building Number/Room Number: _____

Requested by: _____

Phone: _____ Email: _____

Please enter make, 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 that the items listed above are necessary for departmental use.

Director/Dean/Supervisor Name: _____

Director/Dean Supervisor Signature: _____ Date: _____

Reviewed by:
GTC Auxiliary Enterprises Director

Signature: _____ Date: _____