



Information Security Office

University of Texas at El Paso Request for Relocation of Backup Tape Drive(s)

| | |
|------------------------|--------------------|
| Request Originated by: | Date/Time: |
| Title: | System: |
| Department: | Current Location: |
| Phone Number: | Proposed Location: |

Reason for Relocation of Backup Tape Drives:
(Please provide as much detailed information as possible-Who, What, When, Where, Why, How)

Proposed Date for Relocation:

Individuals Performing Relocation:

Comments:

Approval:

Date