Department Changing Liaisons Contact Form

Software Licensing Services requires that each department designate a full time staff member to act as a liaison between the department and Software Licensing Services. The liaison will act as our contact in regard to licensing issues involving Software Licensing Services agreements**.** This person will be in charge of media, software, authorization keys and download access to Software Licensing Services distribution web site. We strongly recommend that a part-time employee not be assigned this responsibility.

The UF Department, _____, designates the employee listed below to act as liaison between our department and Software Licensing Services. All requests for licensing will be submitted by the liaison or his/her staff. It is understood that all software obtained thru Software Licensing Services is University of Florida property and will be kept secure within the department.

(Print) _____   (Print)   _____

            _____   _____
Signature of   Signature of
     Department Dean, Director, or Department Head   Department Liaison

Department Liaison:
The Department liaison is responsible for this software license within the department. This person will be Software Licensing Services contact in regard to licensing issues such as product registration, renewals, upgrade announcements, payment arrangements and the authorization of technical contacts within the department. Access to all media and software installation keys will be sent to the Department liaison for internal distribution.

Submission of this form to Software Licensing Services is a formal request that SLS remove the responsibility of licenses from the following Liaison:

Name: _____
Department: _____

The following is the *new* Department liaison's contact in formation:

Name: _____   Phone Number: _____
Department: *no acronyms please*_____   Alt. Phone No.: _____
_____   Email Address: _____
Po Box: _____   GatorLink username: _____
Alternate Add: _____   Fax number: _____
City: _____

Zip Code: _____

Please List the software agreements that the full-time employee is taking responsibility for:
_____
_____

Technical Contacts:
The Department Liaison should indicate on the lines below the names of those employees who should have access to software installation keys and licensing information in their absence.

NAME: _____   GATORLINK ID: _____

NAME: _____   GATORLINK ID: _____