

***Arkansas Public School Computer Network***  
**Authorization to Make Database Changes via SQL**  
**At School District Expense**

\_\_\_\_\_ School District agrees to reimburse  
the **Arkansas Public School Computer Network** to perform the following:

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The Help Desk ticket incident/number for this request is: \_\_\_\_\_

Rates:

Cost to perform Database change.....\$125/hr minimum charge

Estimated Total Cost for this request: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date:

An invoice for these costs will be mailed to the district after the services have been provided.

Please fax this form to: (501) 682-5035