



## Individual Data Storage Expansion Request Form

Request to increase My Documents data storage. Storage will be allocated on a case by case basis.

**Employee Name:** \_\_\_\_\_ **Bergen Username:** \_\_\_\_\_ **College ID#** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Room #:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Additional Storage Amount Requested:** Check One      1 GB \_\_\_\_\_      2 GB \_\_\_\_\_

**Justification for additional storage needs:**

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\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept. Head/VP (print)

\_\_\_\_\_  
Dept. Head/VP Signature

\_\_\_\_\_  
Date

Submit this form with all signatures to the Help Desk in **L154B** or scan & send to **helpdesk@bergen.edu**.