Tennessee State University

Request and Approval: Move to Production Request Form

Section 1. Information. To process your request, all information must be complete. Please print or type.

Requestor's Name: ____________________________________________________________
[ last ] [ first ] [ middle ]

Phone: ___________________
Department / Office: ___________________
Email: ___________________
MTP required by date *: __________

* Please note:

Section 2. Request: memorandum of understanding. All lines must be completed.

☐ I understand that the move to production process has the following requirements:
- testing
- functional sign off
- management sign off
- DBA team review / sign off
- Documentation on release, scripts, run instructions, and back out procedures are attached.

_____ (initial here) The requesting technical or functional lead has verified.

☐ I have the following special request(s) related to this MTP (explicitly defined requirements not in the packaged documentation, etc.): None

Provide any additional details below:

Item
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Attached product documentation, including scripts, for detailed review:
_____________________________________________________________________________________________________________

Section 3. Required signatures: Obtained from affected area – e.g. HR / Payroll / Finance

_____________________________________________________________________________________________________________
Requestor: ___________________________________________ Date

_____________________________________________________________________________________________________________
Human Resources Functional Lead: _____________________ Date

_____________________________________________________________________________________________________________
Finance Functional Lead: _____________________________ Date

_____________________________________________________________________________________________________________
Financial Aid Functional Lead: _________________________ Date

_____________________________________________________________________________________________________________
Student Functional Lead: ______________________________ Date

_____________________________________________________________________________________________________________
Advancement Functional Lead: _________________________ Date

_____________________________________________________________________________________________________________
Information Systems Manager: _________________________ Date

_____________________________________________________________________________________________________________
Database Administrator (Implementation): __________________ Date

_____________________________________________________________________________________________________________
Database Administrator: ______________________________ Date