



Arkansas Adult Learning Resource Center

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3905 Cooperative Way, Suite D
Little Rock, AR 72209
Phone: 1-800-832-6242
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FAX: (501) 907-2492

Marti Hampton
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Marsha Taylor
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Coordinator

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Specialist

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(501) 232-5867
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Request for Information Technology Services

Center/Council: _____
Contact Person: _____
Address: _____
City/Zip: _____
Phone: _____
email: _____

Type of Service requested: _____

**** Center/Council is responsible for providing any materials/parts necessary for service; AALRC will provide the labor at no cost to the Center/Council.**

Day(s)/Time Available for Service: _____

Please fax request to AALRC (501)-907-2492 or email form to rob@aalrc.org.
Appointment will be confirmed at least one week prior to service.

Approved _____