

# CHANGE REQUEST FORM

Project Name: \_\_\_\_\_ Request ID: \_\_\_\_\_

## Requestor Information:

Full Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Change Details:

Change Title: \_\_\_\_\_

Change Description:

Requested Change Justification:

## Impact Assessment:

Effect on Project Scope:

Effect on Schedule:

Effect on Budget:

Effect on Quality:

Resources Required:

## Approval Signatures:

<b>Requestor Signature:</b>	<b>Manager Signature:</b>	<b>Change Control Board (CCB) Signature:</b>
Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____
Signature: _____	Signature: _____	Signature: _____

This Change Request Form constitutes a legally binding agreement between the Requestor and the Approving Authorities under applicable United States law. All changes are subject to compliance with company policies and regulatory requirements. Unauthorized changes may result in disciplinary action or legal consequences. Signatories attest having reviewed and approved this change request in good faith and with due diligence.

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