



TEXAS TECH UNIVERSITY SYSTEM

# Communication Services™

Phone: (806) 742-2000 Fax: (806) 742-1343

Website: www.itcs.ttu.edu

## TTUHSC Request for Cell Phone Service

Date Requested: \_\_\_\_\_ Requested By: \_\_\_\_\_ Dept. Name: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ eRaider Username: \_\_\_\_\_ Dept. Phone: \_\_\_\_\_  
 Tech ID: \_\_\_\_\_ Dept Code: \_\_\_\_\_ Dept. Mail Stop: \_\_\_\_\_  
 Wireless Number: \_\_\_\_\_ Dept. Building/Rm: \_\_\_\_\_ Dept. FOP: \_\_\_\_\_  
 Shipping Address if residing outside of Lubbock: \_\_\_\_\_

### Requested Action:

New Activation       Equipment Upgrade       Accessories: \_\_\_\_\_  
 Name Change       Service Only       Features: \_\_\_\_\_  
 Previous Name: \_\_\_\_\_  Plan Change \_\_\_\_\_

### Requested Device:

\_\_\_\_\_

Expected Device Cost: \_\_\_\_\_

### Requested Voice Plan:

\_\_\_\_\_

Expected Recurring Cost: \_\_\_\_\_

### Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have read and agree to abide by all appropriate Texas Tech and departmental operating policies and procedures (TTUHSC OP 55.04).

### Wireless User's Signature:

\_\_\_\_\_

### DEPARTMENT HEAD APPROVAL

**(Required for all actions)**

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ (Please Print)  
 Date: \_\_\_\_\_

### VICE PRESIDENT OR DEAN APPROVAL

**(Required if action is greater than \$100 or an increase in Monthly Fees)**

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ (Please Print)  
 Date: \_\_\_\_\_

### COMMUNICATION SERVICES USE ONLY

IMEI: \_\_\_\_\_  
 Order Date: \_\_\_\_\_  
 Activation Date: \_\_\_\_\_  
 Sent to Billing: \_\_\_\_\_  
**VOICE** CSR: \_\_\_\_\_

### Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_