



TEXAS TECH UNIVERSITY SYSTEM

Communication Services™

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

Website: www.itcs.ttu.edu

TTUHSC Request for Wireless Data Device

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: _____ **Voice Plan:** _____ **Data Plan:** _____
 Expected Device Cost: _____ Recurring Cost: _____ 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 for all actions)

Name: _____
 Signature: _____ (Please Print)
 Date: _____

COMMUNICATION SERVICES USE ONLY

IMEI: _____
 Order Date: _____
 Activation Date: _____
 Sent to Billing: _____
DATA CSR: _____

IT AUTHORIZATION FOR DATA SERVICE

Date Forwarded: _____
 Name: _____
 Signature: _____ TTUHSC Office of the CIO
 Date: _____