



TEXAS TECH HEALTH SCIENCES CENTER

Request for Cell Phone Service

Communication Services

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



INFORMATION REQUIRED FROM REQUESTING DEPARTMENT

Date Requested: _____ Dept. Name: _____ Dept. Phone: _____
 Employee Name: _____ Dept. Code: _____ Dept. Mail Stop: _____
 Tech ID: _____ Dept. Building/Rm: _____ Dept. Account : _____
 Wireless Number: _____

Requested Action:

- New Activation **(Requires Vice President or Dean Approval)**
- Plan Upgrade **(Requires Vice President or Dean Approval for more expensive plans)**
- Equipment Upgrade **(Requires Vice President or Dean Approval if more than \$100)**
- Name Change **(Requires Vice President or Dean Approval)**

Device: _____ **Plan:** _____
 Expected Initial Cost: _____ Expected Initial Cost: _____
 Expected Recurring Cost: _____ 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**

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

VICE PRESIDENT OR DEAN APPROVAL **REQUIRED**

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

COMMUNICATION SERVICES USE ONLY

Sent to Billing: _____
 Sent to Cingular: _____
 Equipment Receipt Verified: _____

Notes:

VOICE