



TEXAS TECH UNIVERSITY

Communication Services

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

Request for Wireless Service



INFORMATION REQUIRED FROM REQUESTING DEPARTMENT

Date Requested: _____

Department Name: _____ Employee Name: _____

Department Code: _____ Tech ID or SSN: _____

Department Phone: _____ Wireless Number: _____

Departmental Account Number: _____

REQUESTED ACTION:

<input type="checkbox"/>	New Activation	(Requires Vice President or Dean Approval)
<input type="checkbox"/>	Plan Upgrade	(Requires Vice President or Dean Approval for more expensive plan)
<input type="checkbox"/>	Equipment Upgrade	(Requires Vice President or Dean Approval if more than \$100)
<input type="checkbox"/>	Name Change	(Requires Vice President or Dean Approval)

TYPE OF SERVICE:

Voice

Data/Voice

DEVICE TYPE:

Voice: _____

Data: _____

Comments:

I have read and agree to abide by all appropriate Texas Tech and departmental operating policies and procedures (TTU OP 48.04).

Wireless User's Signature: _____

DEPARTMENT HEAD APPROVAL

Name: _____

Signature: _____ Date: _____

VICE PRESIDENT or DEAN APPROVAL

Name: _____

Signature: _____ Date: _____

COMMUNICATION SERVICES USE ONLY

Received By: _____

Date Received: _____

911 File Telesoft

Excel Spreadsheet TLEM

Other: _____

IT AUTHORIZATION FOR DATA SERVICE

Name: _____

Signature: _____

Date: _____