



TEXAS TECH UNIVERSITY SYSTEM

Communication Services™

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

Website: www.itcs.ttu.edu

TTU 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. Account : _____
 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 (TTU OP 48.04).

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:

