



# TEXAS TECH

Communication Services

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



## Request/Cancellation for Telephone Calling Card

### INFORMATION REQUIRED FROM REQUESTING DEPARTMENT

Date Requested: \_\_\_\_\_

Department Name: \_\_\_\_\_ User's Name: \_\_\_\_\_

Department Code: \_\_\_\_\_ Tech ID or SSN: \_\_\_\_\_

Department Phone: \_\_\_\_\_ User's Job Title: \_\_\_\_\_

Departmental FOP Number: \_\_\_\_\_ Address/Mailstop: \_\_\_\_\_

### REQUESTED ACTION:

New Activation:  Card to be Mailed  Card will be picked up

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Cancellation: Date of Cancellation: \_\_\_\_\_

Calling Card Number: \_\_\_\_\_

(Please mail Calling Card with Cancellation Form.)

I have read and agree to abide by all appropriate Texas Tech and departmental operating policies and procedures (TTU OP 48.01).

User's Signature: \_\_\_\_\_

### DEPARTMENT HEAD APPROVAL

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### VICE PRESIDENT or DEAN APPROVAL

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMMUNICATION SERVICES USE ONLY

Request Received By: \_\_\_\_\_ Card Pickup by: \_\_\_\_\_

Date Request Received: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

911 File Entered by: \_\_\_\_\_ Calling Card #: \_\_\_\_\_

Telesoft Entered by: \_\_\_\_\_