



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: _____

Department Phone: _____

User's Job Title: _____

Departmental Account Number: _____

Address/Mailstop: _____

REQUESTED ACTION:

New Activation: Card to be Mailed

Card will be picked up

Cancellation: Date of Cancellation: _____

Calling Card Number: _____

(Please mail Calling Card with Cancellation Form.)

I have read and agree to abide by Texas Tech University Health Sciences Center OP 55.01.

User's Signature: _____

DEPARTMENT HEAD 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: _____