



TEXAS TECH UNIVERSITY SYSTEM

Communication Services™

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

CustomerSupport.CommSvcs@ttu.edu

Website: www.itcs.ttu.edu

University-Provided Wireless Device Request

Date Requested: _____ Requested By: _____ Dept Phone: _____

Dept Name: _____ Dept FOP: _____ Wireless Num: _____

Fill in this box if device is for Department Use

Name: _____

Building/Room: _____

Fill in this box if device is for Employee Use

Name: _____

Tech ID: _____

Shipping Address if residing outside of Lubbock: _____

Requested Action:

- | | | |
|---|--|---|
| <input type="checkbox"/> New Activation | <input type="checkbox"/> Equipment Upgrade | <input type="checkbox"/> Accessories: _____ |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Service Only | <input type="checkbox"/> Features: _____ |
| Previous Name: _____ | <input type="checkbox"/> Plan Change | |
| | <input type="checkbox"/> Disconnect Old Cell # | |

Requested:

Device: _____ Voice Plan: _____ Data Plan: _____

Expected Device Cost: _____ Recurring Cost: _____ Recurring Cost: _____

Comments:

Telecommunication Allowance Exception Type: (New Activations Only)

(In order to activate a university-provided device, the device/user must meet one of the exception criteria in TTU OP 48.05/TTUHSC OP 55.05)

- Emergency Worker Athletics (To meet NCAA requirements) Data collection device for Research Shared device amongst multiple users

I have read and agree to abide by all appropriate Texas Tech and departmental operating policies and procedures (TTU OP 48.04/48.05 & TTUHSC 55.04/55.05).

Wireless User's Signature: _____ Date: _____

Approvals:

Dept. Head/Chair	_____	_____	_____
	Printed Name	Signature	Date

Vice President/ Dean	_____	_____	_____
	Printed Name	Signature	Date

COMMUNICATION SERVICES USE ONLY

IMEI: _____ Order Date: _____

Activation Date: _____ Sent to Billing: _____ CSR: _____