



TEXAS TECH UNIVERSITY SYSTEM

# Communication Services

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

Email form to: CustomerSupport.CommSvcs@ttu.edu

## University Provided Wireless Device Request

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

Employee Assigned?

Departmental Use?

Requested By: \_\_\_\_\_

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

Dept. Org: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Tech ID: \_\_\_\_\_

Dept. Name: \_\_\_\_\_

### New Service

To activate a university-provided device, the device/user must meet one of the following criteria outlined in TTU OP 48.04/TTUHSC OP 55.04/TTUHSC-EP OP 55.04. Please select the criteria that applies to this request.

Emergency Worker/Facilities Personnel

Athletics (NCAA Compliance)

Machine-to-Machine Data (IoT)

Shared Device for multiple users

Requested Device: \_\_\_\_\_

Service Plan: \_\_\_\_\_

Estimated Device Cost: \_\_\_\_\_

Estimated Monthly Cost: \_\_\_\_\_

Comments:

### Change/Upgrade Service

Wireless Number: \_\_\_\_\_

Name Change

Plan Change

Equipment Upgrade

Disconnect

Other: \_\_\_\_\_

Requested Device: \_\_\_\_\_

New Monthly Cost: \_\_\_\_\_

Device Cost: \_\_\_\_\_

Comments:

Prepared By: \_\_\_\_\_

### Department Approval

I have read and agree to abide by all appropriate Texas Tech and departmental operating policies and procedures (TTU OP 48.04/TTUHSC 55.04/TTUHSC-EP 55.04). I authorize the charges listed on the FOP provided below.

\_\_\_\_\_  
Department FOP:

\_\_\_\_\_  
Dept Head/Fin Mgr Signature:

\_\_\_\_\_  
Date