



TEXAS TECH UNIVERSITY SYSTEM

Communication Services

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

Website: www.itcs.ttu.edu

University Provided Wireless Device Request

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 #	

New Activations:

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 and CFO approval is required.

Emergency Worker/Facilities Personnel Athletics (NCAA Compliance) Data collection for Research Shared device for multiple users

Chief Financial Officer

Printed Name

Signature

Date

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

Employee Name: _____ eRaider Username: _____ Dept. Name: _____

Tech ID: _____ Dept Code: _____ Dept. Mail Stop: _____

Wireless Number: _____ Dept. Building/Rm: _____ Dept. FOP: _____

Shipping Address if residing outside of Lubbock: _____

Requested:

Device: _____	Voice Plan: _____	Data Plan: _____
Expected Device Cost: _____	Recurring Cost: _____	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 & TTUHSC 55.04).

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: _____