



TEXAS TECH UNIVERSITY SYSTEM

# Communication Services™

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

Website: www.itcs.ttu.edu

## University-Provided Wireless Device Request

Date Requested: \_\_\_\_\_ Requested By: \_\_\_\_\_ Dept. Name: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ eRaider Username: \_\_\_\_\_ Dept. Phone: \_\_\_\_\_  
 Tech ID: \_\_\_\_\_ Dept Code: \_\_\_\_\_ Dept. Mail Stop: \_\_\_\_\_  
 Wireless Number: \_\_\_\_\_ Dept. Building/Rm: \_\_\_\_\_ Dept. FOP: \_\_\_\_\_

Shipping Address if residing outside of Lubbock: \_\_\_\_\_

### Requested Action:

Equipment Upgrade  
 New Activation  Service Only  Accessories: \_\_\_\_\_  
 Name Change  Plan Change  Features: \_\_\_\_\_  
 Previous Name: \_\_\_\_\_  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/TTUHSCEP 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 & TTUHSCEP 55.04/55.05).

**Wireless User's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Approvals:**

Dept. Head/Chair	_____	_____	_____
	Printed Name	Signature	Date
Vice President/ Dean	_____	_____	_____
	Printed Name	Signature	Date

ATTACHMENT A  
 HSCEP OP 55.04  
 April 1, 2016

### **COMMUNICATION SERVICES USE ONLY**

IMEI: \_\_\_\_\_ Order Date: \_\_\_\_\_  
 Activation Date: \_\_\_\_\_ Sent to Billing: \_\_\_\_\_ CSR: \_\_\_\_\_