CAMPUS TELEPHONE REQUEST & CUSTOMIZATION FORM

NAME ________________________________________________

DEPT ___________________________ ACCT # ___________________________

Billing account number required to receive access code

BLDG ____________ RM # ___________ EMAIL ___________________________

Email address is required to receive access code

(A) Are you requesting a telephone to be installed? ☐ Yes ☐ No

Installation location _____________________________________________

Are you requesting a voice mailbox? ☐ Yes ☐ No If YES please complete the following:

Please customize your phone to allow voice mail or your attendant operator to answer. If you do not designate an attendant operator, the system will default to a busy signal.

Please assign extension number __________ as my attendant operator.

Circle: Attendant Operator (AO) or Voice Mail (VM for the condition listed: AO VM

Internal/External busy: AO VM Internal/External no answer AO VM

(B) Are you requesting a long-distance access code? ☐ Yes ☐ No Current extension __________

*SUPERVISORS REQUESTING ACCESS CODE FOR STUDENT WILL BE HELD RESPONSIBLE FOR ALL CALLS PLACED WITH THAT ACCESS CODE!!

DIRECTIONS: When form is complete and all signatures obtained, send to Telecommunications Fax# 580-745-7491

Circle: Student or Employee

Signature ________________________________________________ Date __________

Supervisor or Dept. Head ______________________________________ Date __________

TELEPHONE OFFICE USE ONLY

Date __________

Access Code Assigned ___________ Pos # _____

Posted in Database _________

Notes ______________________________________________________

Emailed Employee _________

Entered Work Order _________