



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 _____

Posted in Database _____

Access Code Assigned _____ Pos # _____

Emailed Employee _____

Notes _____

Entered Work Order _____
