



TEXAS TECH UNIVERSITY SYSTEM
Communication Services

Phone: (806) 742-2000 Fax: (806) 742-1343
 Website: www.itcs.ttu.edu

University Provided Wireless Device Form

Requested Action:

- New Activation
 - Equipment Upgrade
 - Name Change
 - @Only Service
 - Disconnect Old Cell #
 - Accessories: _____
 - Features: _____
- Previous Name: _____

New Activations:

To activate a university provided device, the device/user must meet one of the following criteria outlined in ITCS 48.07, HSC OP 55.04 and C-22.

- Athletics (NCAA Compliance)
- Data collection for Research
- Shared device for multiple users.

Chief Financial Officer _____

Printed Name

Signature

Date

Date Requested: _____ Tech By: Reque _____ Dept. Phone: _____
 Employee Name: _____ eRaider Username: _____ Dept. Name: _____
 Tech ID: _____ Dept Code: _____ Dept. Mail Stop: _____
 Wireless Number: _____ Dept. FOP: _____

Requested:

Device: _____ **Voice Plan:** _____ **Data Plan:** _____
 Expected Device Cost: _____ Recurring Cost: _____
 Recurring Cost: _____

I have read and agree to abide by all appropriate Texas Tech and departmental regulations, policies and procedures (TTU OP 48.04 & TTUHC 55.04).

Wireless User's Signature: _____ **Date:** _____

 Printed Name Signature Date

Vice President/Dean

 Printed Name Signature Date

IMEI: _____ Order Date: _____

Activation Date: _____ Sent to Billing: _____ CSR: _____

ATTACHMENT A
 HSC OP 55.04
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