

## APPLICATION FOR TELECOMMUNICATION SERVICES

**SERVICE OPTION:** New PIN or FULL Service Access

Staff Name:		Staff ID:	
Group Name:		ITS Network Username:	

Service Type:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax
Extension No:		

Fund:		Org:		Account:		Program:	
-------	--	------	--	----------	--	----------	--

Authorization/Endorsement:	
Fund Controller: _____ Signature : _____	Designation: _____ Faculty/Department: _____
Administrative Assistant (AA) or Equivalent: Name: _____ Extension: _____	(Affix Departmental Stamp here)
For ITS Helpdesk Use:	
Received by: _____	Date Received: _____
Assigned to: _____	Date Assigned: _____

**Terms of Agreement:**

1. Service requests have to be thoroughly assessed and approved by IT Services
2. The service once created and used is bound by the policies and procedures that govern use of these services in the University.
3. It is the responsibility of the requesting faculty or department to ensure proper use of the service. It is therefore liable for any costs or disciplinary measures that has stemmed for the misuse of the service.