# University Provided Wireless Device Form

**Requested Action:**
- [ ] New Activation
- [ ] Service Only
- [ ] Accessories: ____________________________
- [ ] Name Change
- [ ] Plan Change
- [ ] Disconnect Old Cell #
- [ ] Features: ____________________________
- Previous Name: ____________________________

**New Activations:**
To activate a university-provided device, the device/user must meet one of the following criteria outlined in TTU OP 48.04/TTUHSC OP 55.04 and CFO approval is required.

- [ ] Emergency Worker/Facilities Personnel
- [ ] Athletics (NCAA Compliance)
- [ ] Data collection for Research
- [ ] Shared device for multiple users

**Chief Financial Officer**

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Date Requested:** ________________

**Requested By:** ________________

**Dept. Phone:** ________________

**Employee Name:** ________________

**eRaider Username:** ________________

**Dept. Name:** ________________

**Tech ID:** ________________

**Dept Code:** ________________

**Dept. Mail Stop:** ________________

**Wireless Number:** ________________

**Dept. Building/Rm:** ________________

**Dept. FOP:** ________________

**Shipping Address if residing outside of Lubbock:** ________________

## Requested:

<table>
<thead>
<tr>
<th>Device:</th>
<th>Voice Plan:</th>
<th>Data Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Device Cost: __________________</td>
<td>Recurring Cost: __________________</td>
<td>Recurring Cost: __________________</td>
</tr>
</tbody>
</table>

## Comments:

______________________________

______________________________

______________________________

______________________________

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

**Wireless User’s Signature:** ____________________________

**Date:** ________________

## Approvals:

**Dept. Head/Chair**

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
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**Vice President/ Dean**

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<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
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## COMMUNICATION SERVICES USE ONLY

**IMEI:** ____________________________

<table>
<thead>
<tr>
<th>Order Date:</th>
<th>__________________</th>
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</table>

**Activation Date:** __________________

<table>
<thead>
<tr>
<th>Sent to Billing:</th>
<th>CSR:</th>
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</table>