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
- ☐ Name Change
  Previous Name: _____
- ☐ Equipment Upgrade
- ☐ Service Only
- ☐ Plan Change
- ☐ Disconnect Old Cell #
- ☐ Accessories: _____
- ☐ Features: _____

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 _____ _____ _____
Printed Name Signature Date

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:

Device: _____ **Voice Plan:** _____ **Data Plan:** _____

Expected Device Cost: _____ Recurring Cost: _____ Recurring Cost: _____

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 _____ _____ _____
Printed Name Signature Date

Vice President/ Dean _____ _____ _____
Printed Name Signature Date

COMMUNICATION SERVICES USE ONLY

IMEI: _____ Order Date: _____

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

ATTACHMENT A
HSC OP 55.04
February 28, 2026