

EMPLOYEE PERSONAL AUTHORIZATION CODE

By signing below, I agree to the Terms and Conditions of the Telephone Service Agreement. To activate service, fill out the following information and return it to the address shown on the back of this form.

Employee ID Number _____

Name _____

Campus Address

PO BOX _____ Phone Number (if known) _____

EMAIL ADDRESS _____@radford.edu

Home Address

Street _____

City _____

State _____ Zip _____

Signature _____ Date ____ / ____ / ____

ALL BILLS WILL BE E-MAILED TO THE RU EMAIL ADDRESS