

# 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**