

**RADFORD UNIVERSITY
TELECOMMUNICATIONS SERVICE REQUEST**

LOCATION OF REQUESTED SERVICE:

Building _____
Room No. _____
Who will use this service? _____

BILL TO:

*Department _____
*Budget Code _____
Date Service Desired _____

PERSON TO CONTACT:

*Name _____
*P.O. Box _____ *Telephone _____
Email _____
Building _____ Room No. _____

FOR INFORMATION, CONTACT:

Telecommunications & Bill Services
Telephone: 5002 & 6600

* Required information

Description of services requested: Explain *in detail* exactly what service is requested, features, and restrictions (if desired). Attach additional sheets if necessary. If all necessary information is not provided, the order will be returned and the processing of your request will be delayed. Forms for Cellular Service, MCI Calling Cards, and Business Authorization Codes are available on the Telecommunications & Bill Services web page. **This form must include all requested signatures.**

_____ New jack required
_____ Existing jack

SERVICE REQUESTED BY _____ **DATE** _____
DEPARTMENT HEAD _____ **DATE** _____
DEAN/DIRECTOR _____ **DATE** _____

Mail completed and signed form to: **Telecommunications & Bill Services
Box 6887**

OR Fax completed and signed form to: 6120