



MARSHALL UNIVERSITY
Telecommunications

CELLULAR SERVICE REQUEST

Marshall University requires that this form be completed for CONNECTING and DISCONNECTING cellular telephone service for all university entities regardless of funding source.

User's Name: _____

User's Title: _____

User's Department: _____

User's Address: _____

User's Telephone Number: _____

Service Charged to: ORG: _____ FUND: _____

Brief Justification for Service: (Not required for disconnect request)

Note: By signing this request I certify that this phone is being acquired for business purposes and that any personal use will be promptly reimbursed. Also by signing this request, I certify that I have read the cellular telephone policy and agree to comply with its provisions.

Applicant's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

Applicable Vice President's Approval: _____ Date: _____

Return this form to:
Becky Pack
Telecommunication Office
Drinko Library, Room 118