

REQUEST FOR AUTHORIZATION CODE OR TELEPHONE CALLING CARD
PLEASE PRINT

Date _____ Dept Name _____

Dept Number and IndexCode _____

Telephone number _____

Employee Name _____

Please choose

Requesting authorization code _____
Authorization codes will be emailed to appropriate supervisor

Requesting calling card _____
Calling cards will be held in Telephone Services for 30 days for pickup. They will be cancelled after 30 days and 2nd request form will be needed.

Signature of person making request _____

Signature of supervisor approving request _____

Email address of supervisor _____

SIGNATURES ARE REQUIRED BEFORE CODE OR CARD ISSUED.

Please forward to Telephone Services, Hearnest 110 or fax 7125.