

CAMPUS PHONE FORM

The office of Georgia Technology Authority requires the following information before any action can be taken on your telecommunications request. Please fill in the items below and return as an attachment to your request, or fax to 864-1943. In addition, please make sure that the Department Head or other responsible person for this designated account has signed this form. This form is to be used for all additions, moves and deletions of lines. If you are requesting a digital line (requires a Meridian Phone), a configuration needs to be setup for the phone and copies of the form need to be obtained from Donna Webber at 1940.

Please remember most **uncomplicated** requests require approximately 5 to 10 business days, by GTA (Georgia Technology Authority), to act upon after receipt from our office. Our office strives to have these requests to GTA within 3 business days after receipt from requestor. If you have any questions, please call 1940.

WHEN PROVIDING ANY PHONE NUMBER INCLUDE "ALL" 7 DIGITS, THANK YOU.

YOUR PERSONAL REQUEST NUMBER: _____ . (for your reference only)

DATE: _____ **URGENCY:** Routine: _____ Priority: _____ Immediate: _____

REQUESTOR: _____ **# OF REQUESTOR:** _____

BUILDING WHERE WORK IS REQUESTED: _____

911 ADDRESS OF WORK LOCATION: _____

ROOM #: _____

TYPE OF LINE: _____ **ANALOG** _____ **DIGITAL*** _____ **DSL**

EXISTING PHONE WIRE: _____ **YES:** _____ **NO:** _____

VOICE MAIL: ___ **YES** ___ **NO;** **LONG DISTANCE** ___ **YES** ___ **NO;**

INTERNATIONAL ___ **YES** ___ **NO;** **P/U GROUP:**

DESCRIPTION OF DESIRED SERVICE: (Please be as detailed as possible to include room #'s as necessary)

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

Department Head

Signature

Date

*requires a configuration for programming – please get the form from Donna Webber