

UConn HEALTH

TELECOMMUNICATIONS - REQUEST FORM

Please fax back to 860-679-1991.

Request Information:

Date: _____

Employee Name: _____ Position: _____

Department: _____ Mailcode: _____ Location: _____

Phone Ext.: _____ Fax #: _____ Email: _____

Service Requested:

Standard/Basic Phone:

AT&T Verizon

Model: _____

Smartphone:

AT&T Verizon

Model: _____

Tablet:

AT&T Verizon

Model: _____

Data Plan only (need IMEI and ICCID # on device)
IMEI or ICCID #: _____

USB/Air Card/MiFi devices:

AT&T Verizon

Model: _____

Phone upgrade:

Current cell phone #:

_____ New phone #:

Charges:

Device Cost \$ _____

Basic monthly charge \$ _____

FOAPAL Account # to charge: _____

Signature of Department Head or Director: _____ Ext: _____

Written Name of Signature: _____

Date: _____