



TELECOMMUNICATIONS- REQUEST FORM

Please email completed form back to mcarlone@uchc.edu

Individual who is getting this device:

Date:

Employee Name:

Phone

Email:

Mailcode:

Phone type: Basic/Flip or Smartphone

Vendor: AT & T or Verizon

Model: _____ (only models currently offered for free will be ordered, no exceptions)

Tablet:

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

IMEI or ICCID #: _____

USB/Air Card/MiFi devices:

AT&T Verizon

Phone upgrade:

Current cell phone #: _____ Device Cost \$ _____

New phone #: _____ Basic monthly charge \$ _____

Order will not be processed without a FOAPAL coding.

FOAPAL Account # to charge:

Business justification:

Signature of person using this device:

Written Name of Signature:

Date:

Signature of Department Head or Director: _____ Ext: _____

Written Name of Signature: _____

Date: _____

User must read and initial the following showing they understand these policies.

** Please note that the current phone must be turned in when you are issued a replacement phone. No phone will be given unless the old phone is turned in. _____

POLICY STATEMENT:

UConn Health computing and networking equipment and software are to be used for UConn Health business only. Electronic resources are not to be used to conduct private business or commercial activities or any other illegal or prohibited activity. _____