

BINGHAMTON UNIVERSITY

PERSONAL COMMUNICATION DEVICE (CELLULAR) REQUEST FORM

All requests for University provided cellular devices--new services, upgrades, or change in service-- will require authorization from your Department Supervisor and a University Vice President or the Dean of your department. Please complete the form below and submit to the Telecommunications Department via email at telecom@binghamton.edu or fax to 607-777-4000.

Please print clearly

First Name _____ Last Name _____
Job Title _____ Department _____
Phone _____ Email _____

Date of Request: _____

Request Type (Please choose one)

New Service If Porting Service, Carrier & Cell # _____
 Cell Phone Upgrade Existing Cellular Number _____
 Change to Existing Service Existing Cellular Number _____

Equipment Order:

Wireless Company (Please check one): AT&T Mobility _____ Verizon Wireless _____

Manufacturer _____ Model _____
Data Storage (i.e. 16gb, 32gb, etc.) _____ Color _____
Equipment Cost _____ Monthly Fee _____

Note: Cellular rates can be found on the Telecommunications website at www.binghamton.edu/telecommunications/. Our primary carrier is AT&T Mobility; however, Verizon Wireless is available to those who live in areas where the AT&T cellular signal is not available.

Cellular Device Insurance \$6.99/month (for details, please visit our website) Yes _____ No _____

Approval: This section must be signed by your Department Supervisor and a University Vice President or the Dean of your department. By signing this request you authorize Binghamton University Telecommunications to order the listed equipment and agree to pay all monthly expenses and equipment charges.

Budget Account Number: _____

University Vice President or Dean of Department Signature: _____ Date: _____

Department Supervisor Signature: _____ Date: _____

This section is for Telecommunications use only.

Ordered By: _____ Date: _____

Delivered/Pick Up By: _____ Date: _____