

BINGHAMTON UNIVERSITY

PERSONAL COMMUNICATIONS 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. In addition, requests for new service will require authorization from your division Vice President or 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 _____

Request Type (Please choose One)

[] New Service If Porting Service, Carrier and 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. Employees may attach self provided wearable technologies (i.e. Apple Iwatches) to their University mobile account; however, one year of service must be paid up front by the employee.

Cellular Device Insurance \$8.99/month (for details, please visit our website) Yes _____ No _____

Approval: This section must be signed by your Department Supervisor. For new service authorization by your division Vice President or Dean is also required. 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: _____
Department Supervisor Signature: _____ Date: _____
Vice President or Dean of Department Signature: _____ Date: _____
(Required for new service only.)

This section is for Telecommunications use only.

Ordered By: _____ Date: _____
Delivered/Picked Up By: _____ Date: _____