

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: \_\_\_\_\_