

UMassAmherst Information Technology

Voicemail Request Form

Please complete, print and sign this form and fax to 5-1805. For questions regarding this form, please call 7-4357.

Department: _____ Date: _____
NetCom Rep (print): _____ NetCom Rep Phone: _____
6 digit Speed #: _____ 5-digit Fund ID: _____
Project/Grant #: _____ Signature of Principal Investigator: _____
Send request confirmation to email address: _____
NetCom Rep Signature: _____

NOTE: Please use one form per mailbox. There is a \$15 one-time service charge when adding new, moving mailbox or resetting a security code.

Current Information:

Delete Mailbox*

Phone Number: _____

User Name: _____

New Information:

New/Rebuild as New* Reset Security Code

Move Mailbox Other _____

Phone Number: _____

User Name: _____

Complete the following fields if applicable

Level of Service:

Basic \$5/mo Enhanced \$8/mo

For Enhanced mailbox only, VM notifications:

Email: _____ SSSSS _____

Text, 10 digit Cell # & Carrier: _____

Optional:

Personal Operator # _____
(Number caller is routed to when they press zero from this mailbox. The recorded greeting for the mailbox must instruct callers to press zero).

* Default Call Diversion: If a mailbox is deleted, call diversion to voicemail will be removed. When a mailbox is added/moved, the telephone will be programmed to divert to voicemail if busy/no answer after 4 rings, unless otherwise requested,

Notes:

Revised 6-13-19

For Office Use:

Email CDiv UserID

CX-E Init/Date: _____

W.O. # _____

W.O. Init/Date: _____