

Long Distance Authorization Code Request Form

Please complete all necessary areas and fax to 545-1234. All questions can be answered at 545-5737.

Preparer/NetCom Rep Name: _____ Date: _____

Department: _____ Phone: _____

_____ Mailing Address:

Preparer/NetCom Rep Signature: _____

Signature of Principal Investigator: _____
(Required for all codes issued to GRANT ACCOUNTS)

EMPLOYEE CODES: **EE** Existing Employee

TR Transferred Employee

ST Student

NE New University Employee

RH Rehired Employee

LU Left University

(Please write any other explanation if none of these are pertinent)

Assign a Long Distance Authorization Code for the following individual(s):

***Note:** Authorization Code may only be assigned to one individual in order to be eligible for credit due to abuse.

Print Full Name	Primary Phone #	Speed Type #	Fund #	Proj/Grant #	Employee Code

Deactivate the Long Distance Authorization Code for the following individual(s):

(If canceling due to abuse, attach copy of current bill highlighting fraudulent call(s). Credit issued for current month only)

Print Full Name	Primary Phone #	Speed Type #	Fund #	Proj/Grant #	Employee Code