

## LISTING CHANGE FORM

**Please complete all necessary areas of this form and return it with a copy of your current Extension Summary Report to Network Communications by faxing to us at 545-1234. If you have any questions regarding this form, please call 545-5737.**

Preparer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FROM:** Please **delete** the listing on the current Extension summary Report from the following individual(s). Authorization Codes and Calling Cards will be shut down for **ALL** individuals who have left the University.

Extension #	Current Listing Print Full Name	Speed Type #	Business Unit	Fund/ Grant #	State Reason for Change
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**TO:** Please **replace** the listing on the phone extension with the following individual(s).

Extension #	Current Listing Print Full Name	Speed Type #	Business Unit	Fund/ Grant #	State Reason for Change
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**For Office Use Only**

Completion Date: \_\_\_\_\_

Initials: \_\_\_\_\_