

**RADFORD UNIVERSITY
TELEPHONE SERVICE REQUEST**

LOCATION OF REQUESTED SERVICE:

Building _____

Room No. _____

Who will use this service? _____

BILL TO:

*Department _____

*Budget Code _____

Date Service Desired _____

PERSON TO CONTACT:

*Name _____

*P.O. Box _____ *Telephone _____

Email _____

Building _____ Room No. _____

* Required information

FOR INFORMATION, CONTACT:

Telephone Services
Telephone: 6600/6001

Description of services requested: Explain *in detail* exactly what service is requested, features, and restrictions (if desired). Attach additional sheets if necessary. If all necessary information is not provided, the order will be returned and the processing of your request will be delayed. Forms for MCI Calling Cards, Department Web Access, Conference Calls, and Business Authorization Codes are available on the Telephone Services web page. **This form must include all requested signatures.**

New jack required
Existing jack

SERVICE REQUESTED BY _____ **DATE** _____
DEPARTMENT HEAD _____ **DATE** _____
DEAN/DIRECTOR _____ **DATE** _____

Mail completed and signed form to: Telephone Services
Box 6887 or
Fax completed and signed form to: 6120