

## Telecommunications ShoreTel Telephone Services Request

Telephone Services Request Form	
<b>Department:</b>	<b>Budget Code:</b>
<b>Location:</b>	
<b>Requested By:</b>	<b>Date Requested:</b>
<b>First Name of User:</b>	<b>Last Name of User:</b>
<b>Email Address of User:</b>	<b>NSU Username:</b>
<b>Department Head:</b> <i>(Signature Required)</i>	
<b>Vice President:</b> <i>(Signature Required)</i>	

*(When BOTH signatures are acquired please fax to Telecommunications office for processing Fax #: (757) 823-2203 or email to TelecommunicationsServices@nsu.edu)*

Type of Phone Service				
<b>New Telephone/Voicemail Setup</b>		<b>Caller ID Name Change</b>		<b>Monitor Existing Extension(s)</b>
<b>Reassignment of Existing Extension</b>		<b>Voicemail Reset</b>		<b>Reserve a Conference Set</b>

---

### Description of Requested Service

(Please write a brief description of what work needs to be done.)

---

### FOR OFFICE USE ONLY

**Approved:** \_\_\_\_\_

<b>Activity Code:</b>	
<b>Date Ordered:</b>	
<b>Log Number:</b>	