

Telecommunications Office

Norfolk State University
555 Park Avenue, Suite 401L
Norfolk, Virginia 23504

| Telephone Order Request Form | |
|---|-----------------|
| Department: | Account Number: |
| Location: | |
| Requested By: | Date Requested: |
| Department Head: <i>Signature Required</i> | |
| Vice President: <i>Signature Required</i> | |

(When BOTH signatures are acquired please fax to Telecommunications office for processing Fax #: (757) 823-2203)

| Description | | |
|---|------|-----|
| Unrestricted Line With Authorization Code (PIN) | Yes: | No: |
| Unrestricted Line With <i>NO</i> Authorization Code (PIN) | Yes: | No: |
| Restricted Line: | | |
| Music On Hold: | Yes: | No: |
| Jack In Place: | Yes: | No: |

Description of Requested Service

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

DO NOT WRITE BELOW THIS LINE

Approved: _____

| |
|----------------|
| Activity Code: |
| Date Ordered: |
| Log Number: |