

Information Technology Services
Marie V. McDemmond Center for Applied
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## **TELECOMMUNICATIONS**Wireless Service Justification Form

Wireless (Cellphone/IPad) Justification Form			
User:		Title:	
Department:		Date Requested:	
Budget Number:			
Description of Re	equested Services:		
Signature ( User)	•		Date:
Signature ( Oser).		Date.	
Department Head:			Date:
Signature (Vice President or President):			Date:
(Please fax completed form to Telecommunications office for processing Fax #: (757) 823-2203 or email to mpinner@nsu.edu)			
FOR OFFICE USE ONLY			
Approved by:			
<b>Activity Code:</b>			
<b>Dated Ordered</b>			
Log Number:			