

PLEASE NOTE: Submit completed form to University Telecommunications.
 Complete items 1-6. Please print, obtain proper signature, and make a paper copy for your files.

NORTH DAKOTA STATE UNIVERSITY TELECOMMUNICATIONS SERVICE REQUEST	Date:	Requisition:
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① Originating Dept.	② Requested by:	③ Signature (Dept. Head or Authorized Agent):
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④ Complete description of services to be requested (Please Include the building name and room numbers when requesting service. Telephone numbers and placement of instruments should always be given when changing or terminating service.) **Choose the type of service requested:**

⑤ Justification:

⑥ Account	Fund	Department	Program	Project

For Office Use Only.

APPROVED _____

Requested Completion Date: _____

Comments: _____