

COMMUNICATIONS SERVICES REQUEST FOR AUTHORIZATION CODE

Office Use Only: W.O.# _____

Requester: _____ Extension: _____
(Please print or type)

Department: _____

Requested Activation Date: _____

University Account Number(s)* or BARC Number(s) to be recharged for all off-campus calls made using the
Authorization Code: _____, _____

Is this a grant? _____ If yes, expiration date: _____

Principal Investigator / Administrative Officer: _____

Off-campus calls made with an Authorization Code may be recharged to an existing telephone line or to a non-working telephone line. Please specify recharge method for this Authorization Code.

- Existing line: _____ (please specify telephone number: _____)
- Non-working line: _____ (to be assigned by Communications Services)

Please specify number of Authorization Code Cards desired: _____

Authorized Signature: _____

Title: _____ Extension: _____

Mandatory Authorization Codes Any telephone line, and all extensions of that line, can be programmed so that off-campus calls are permitted only when a valid Authorization Code is entered. Please list any telephone lines that should be programmed this way:

* Communications Services must be notified one month in advance to change the University Account Number assigned to an Authorization Code.