

Telephone Privileges Request Form

(Fax Completed Form to NeTel at x4000 or email to telewo@mm.isu.edu)

Who is service for (Name): _____

Department Name: _____

Email Address: _____

Extension Number: _____

Bengal ID Number: _____

Building: _____

Room Number: _____

Stop: _____

Index Code: _____

Service Requested:

Telephone Line/Equipment

Single Line

Multi-Line

Add or Change Voice Mail

Fax/Modem Line

Directory Listing

Campus on-line Directory

Pocatello Dex Directory Listing

Long Distance FAC

Long Distance Qwest Calling Card

800 Service

Cellular Phone: New Change Number if already existing: _____

Do you want to Port an existing Cellular Phone Number? Yes No

Phone type requested (Brand/Model) _____

Minutes per month requested _____ Text Messages per month requested _____

Data required? Yes No

Other _____

Contact Person/Prepared By

Requesting Department

Phone Number

Supervisor Approval

Printed Name

Date

Account Director Approval

Printed Name

Date