

(5/04)

**The University of Tennessee  
Request and Justification for Wireless Service**

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Date: \_\_\_\_\_

To: Telephone Services  
1115 Volunteer Blvd.  
Rm 8 Humanities Bldg.  
Knoxville, TN 37996-0400  
(865) 974-3121  
Fax: (865) 974-8546

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**This is to request that wireless phone service be provided to the following:**

Campus/unit: \_\_\_\_\_

Department name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cost center/WBS element to be charged: \_\_\_\_\_

Phone to be assigned to: \_\_\_\_\_  
Name

\_\_\_\_\_ Title

Local area code/home city \_\_\_\_\_

If replacement equipment for existing wireless service, please indicate existing phone number:

\_\_\_\_\_

**Reason or Justification for Wireless Service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing below, I agree that I have read and understand University Fiscal Policy 730 on cellular phones and other wireless devices and agree to the terms of use as indicated in the policy.*

**Approvals (as applicable for your department):**

\_\_\_\_\_  
Requestor Date

\_\_\_\_\_  
**\*Department Head/Director Date**

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
**\*Chancellor/Vice President/Designee Date**

**\* Required Signature**