

Southeastern Oklahoma State University  
**CAMPUS TELEPHONE REQUEST & CUSTOMIZATION FORM**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
 DEPT: \_\_\_\_\_ ACCT#: \_\_\_\_\_  
 BLDG: \_\_\_\_\_ ROOM #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(A) Are you requesting a telephone to be installed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Installation Location: \_\_\_\_\_

(B) Are you requesting a long-distance access code? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Current ext. # \_\_\_\_\_

(C) Are you requesting a voice mailbox? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the following:  
 Please customize your phone to allow voice mail or your attendant operator to answer. If you do not designate an attendant operator, the system will default to a busy signal.  
 Please assign extension number \_\_\_\_\_ as my attendant operator.  
 Circle Attendant Operator (AO), or Voice Mail (VM) for the condition listed:  
 Internal/External Busy: AO VM Internal/External no answer AO VM

SIGNATURES: (Supervisors requesting access code for student will be held responsible for all calls placed with that access code)

Student Request	Date	Supervisor	Date
Employee Request	Date	Department Head	Date
Telecommunications Director			Date

DIRECTIONS: When the form is completed and all signatures obtained, send to Telecommunications Office Fax# 745-7491.

**TELEPHONE OFFICE USE ONLY**

Date \_\_\_\_\_ Posted in Database \_\_\_\_\_  
 Access Code Assigned \_\_\_\_\_ Pos. # \_\_\_\_\_ Emailed SBC \_\_\_\_\_  
 Posted in Master Billing \_\_\_\_\_  
 Contacted Employee \_\_\_\_\_  
 Entered Work Order \_\_\_\_\_

Notes: \_\_\_\_\_