



Departmental Request for Voicemail

Office of Telecommunications
The Tech Center, 3rd floor (286-99)
Fax: 1-7811
Questions? Contact us at 1-8655

Please Check Below:		
<input type="checkbox"/> ADD Voicemail Service (Box 1, 2, 4, &5)	<input type="checkbox"/> Change Service (Box 1, 2, 3, 4, &5)	<input type="checkbox"/> Remove Service (1, 3 & 4)
<input type="checkbox"/> Password Reset (Box 1 & 3)	<input type="checkbox"/> Faculty	<input type="checkbox"/> Administration

1. REQUESTING DEPARTMENT INFORMATION *

Date of Request:	Fund/Org/Program: _____ - _____ - _____
Contact Name:	Department:
Extension:	Budget Unit Head Signature:
Fax:	Contact Email:

* Please note - Your application **will not be processed** if the information above is not provided.

3. Current User Information

User Name:	User Name:
Office Ext #:	Office Ext #:
Department:	Department:
Email Address:	

4. The extension Port number is required

Instruction on obtaining Port#:
Lift the handset of your telephone. Be sure to choose your extension if you have a multi-line telephone.
On the touch pad, depress the following sequence: **##119**. (Pound, star, 119)
Upon entering ##119, the system will provide the port number of your extension. Please copy the numbers below.

Cabinet:	Shelf:	Lot:	Circuit:
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5. Please list the "zero out point" for your mailbox

Extension _____ should receive my calls if a caller to my extension should have an urgent need to speak with a "live" person. (Please keep in mind that each department **MUST** have a "zero out point" where calls are routed in the event of an emergency. Your "zero out point" should be an employee within your department who does not have a mailbox, such as a secretary or receptionist. A voice mailbox will not be created without the provision of a "zero out point.")

Mail your completed application to:
Office of Telecommunications
1101 W. Montgomery Avenue
The TECH Center, 3rd floor (286-99)

<u>Office use only:</u>							
CSO #	Cnty.	Group	Profile	MMP	Letter Sent	Directory	Initials