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.