Broadband Device & Wireless Data Plan Request Form

All forms must be completed with original signatures and sent to:
ITCS, Mail Stop 669 HS Telecom, Brody 1S10
Attn: Allison Haislip haislpa16@ecu.edu 744-1848 or Eric Hunnicutt hunnicutte14@ecu.edu 744-0339
Pick up devices at 600 Moye Blvd, Brody, Room 1S10

Reason: ☐ New ☐ Upgrade/Replace ☐ Lost/Stolen ☐ FOAPA Change Only

Vendor: ☐ AT&T ☐ US Cellular ☐ Verizon

Device Number: ______________________________

<table>
<thead>
<tr>
<th>Wi-Fi Device Requested</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Provide Business Purpose: __________________________________________________________
_____________________________________________________________________________________

Wireless Data Plan: __________________________________________________________ Price __________

Review/Follow Wireless Data Guidelines before Submitting:

I reviewed the guidelines and it is my understanding that this wireless data plan is the property of East Carolina University. The device is to be used for University business only and prohibited from personal use. Upon a return request from the department, transferring, or separation from the University this property will be returned to the issuing department. Failure to return the device(s) to the University may constitute as misuse or theft of University Property, and may result in disciplinary action and/or criminal charges. The department must submit a cancellation request in order to stop charges for service. ITCS Telecommunication is not responsible for any services charged that do not have a cancellation request submitted. No changes can be made to services without a written request to the ITCS Telecommunication department.

Terms and Conditions: I understand and agree that I am required to install the AirWatch mobile device management app on the telecommunications device used with this wireless data plan, and that I am also required to configure the appropriate AirWatch profile in accordance with the guidelines at www.ecu.edu/itcs/itsecurity/mdm.cfm.

User’s Name ____________________________________________________________

FOAPA to Be Charged: FUND __________ ORG __________ PROG __________ ACTV __________
Please note: the FOAPA given will be charged monthly for services requested.

Billing Department Contact Person _______________________________/_________________________/__________
(Print Name) (Signature) (Date)

Delegation of Authority for FOAPA _______________________________/_________________________/__________
(Print Name) (Signature) (Date)

Department Head (cannot be the user) _______________________________/_________________________/__________
(Print Name) (Signature) (Date)

Picked up by _______________________________/_________________________/__________
(Print Name) (Signature) (Date)

Revised September 2017