ECU New Pager Request Form

All forms must be completed with original signatures and sent to:
ITCS, Mail Stop 669 HS Telecom, Brody 1S10
Attn: Allison Haislip hai5lipa16@ecu.edu 744-1848 or Eric Hunnicutt hunnicutte14@ecu.edu
744-0339 Pick up devices at 600 Moye Blvd, BSOM, Room 1S10

Department: ____________________________ Date of Request: ____________

User Last Name: ______________________ User First Name: ________________ User PirateID: ________________

New Pager Services

☐ Spok
☐ Digital ☐ Statewide – NC Only
☐ Alpha ☐ Nationwide
☐ Encrypted Device (Alpha only)

☐ National Network
☐ Statewide – NC Only ☐ Nationwide
☐ Alpha ☐ Alpha

Review Pager Guidelines before Submitting

* I understand that if this pager is lost or damaged beyond unreasonable repair because of abuse, the issuing department will be responsible for a replacement fee of up to $100.00. All pagers not being used should be returned to ITCS Telecommunications located at Brody 1S10 or fees up to $100.00 can be applied. I also understand that this equipment is for University business only and prohibited for personal use. The pager must be returned to the issuing department upon request from the department, transferring to another department, or separation from the University. 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 Telecommunications is not responsible for any service charges that do not have a cancellation request submitted. No changes can be made to services without a written request to the ITCS Telecommunication department.

FOAPA to Be Charged: FUND ________ ORG ________ PROG ________ ACTV ________

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)

ITCS Office Use Only:

Pager Number __________________________ Date Activated __________________________

Cap Code __________________________ Serial Number __________________________

Revised September 2017