REQUEST FOR CELL PHONE AND/OR AIR CARD SERVICE PLANS

This is a request for the following service(s) to be utilized by an Arkansas Tech University employee for business purposes. By submitting this request I understand that University issued cell phones, iPads, and other electronic devices are subject to the Arkansas Freedom of Information Act (FOIA) Act 93 of 1967. University employees who are issued cell or data phones are required to use those phones solely for the purpose of conducting business on behalf of the university. All University issued cell phone bills are public record, and redactions of that bill may be limited or not available at all. Contents of the phone (texts, images, browsing history, etc.) may also be subject to the Freedom of Information Act. All University issued cell phones must include all accessories (charger, extra batteries, etc.) when returned to the Purchasing Department. If accessories are missing your department will be responsible for the expense of the replacement accessory. Do NOT text, email or surf the web while driving.

(Please select all that apply)  □ Cell Phone Service  □ Air Card Service

□ New Service  □ Upgrade Service  □ Change Service

Cell phone number if upgrading or changing

Name ___________________________ Title ___________________________

Department Name ___________________________

Department Index Code to be Charged ___________________________

Supervisor’s Name ___________________________

Type of cell phone/equipment ___________________________

Type of Voice Plan ___________________________

Type of Data Plan ___________________________

Type of Texting Plan ___________________________

Type of Additional Feature(s) ___________________________

Further information/explanation if appropriate: ___________________________

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Required signatures:

Initiator ___________________________ Date ___________________________

Dean/Department ___________________________ Date ___________________________

Vice President ___________________________ Date ___________________________