

# WCM-ITS (INFORMATION TECHNOLOGIES & SERVICES)

## MOBILE REQUEST FORM

PLEASE SEND COMPLETED FORM TO CSG@MED.CORNELL.EDU

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### REQUESTER INFORMATION

Todays Date:  Requester Full Name:   
Department Name:  Office Location:   
Email:  Office Number:   
Associate Director (AD)   Click box to indicate you read this. **Attn ITS Staff: Please include e-mail from AD approving this request.**

UPGRADE  UPGRADE & PORT PERSONAL LINE  NEW LINE  NEW LINE & PORT PERSONAL LINE (CHECK ONE) **UPGRADES/NEW LINES AND PORTING**

Note: Please fill-out "Port Personal Number to WCM Account" section below to Upgrade and Port Personal line or to Establish New Line and Port Personal line.

Existing Mobile Provider:  Existing Mobile #:  Existing Provider Acct#:   
User Name:  User Email:   
Phone Types: **Apple iPhones:**  **Androids:**   
**Phone Color:**  **Giga Bytes:**  32 GB  34 GB  64 GB  128 GB  Other GB:   
**Ship TO Address:**  **Fund #:**   
**Comment(s):**

### PORT PERSONAL NUMBER TO WCM ACCOUNT

Personal Provider:  Personal Provider Account #:  Personal Mobile #:   
Authorized User of the Account:  Pin if Applicable:  Comment(s):

\* NOTE: Please contact personal provider to make a notation on the account giving permission to port.

Click box to indicate you read this.

### NEW ACCOUNT WITH A PROVIDER - (Fill-out "VEC Access" to view/pay bills too)

Billing Contact Name:  Billing Address:   
Billing Dept/Box #:  Billing Contact #:  Email:   
Comment(s):

# WCM-ITS MOBILE REQUEST, CONT'D

## VEC ACCESS (VIEW AND PAY VERIZON WIRELESS BILL, MAKE PHONE PURCHASES, UPDATE ACCOUNT INFORMATION)

**First/Last Name:**  **Department:**

**Business Address:**  **Business Phone#:**

**E-mail:**  **Mobile #:**  **Mobile Provider Acct#:**

**Mobile Provider:**  **Comment(s):**

## INTERNATIONAL PLAN ACTIVATION

**Mobile Provider:**  **Mobile #:**  **Destination:**

**Time Frame:**  **Comment(s):**

## TRANSFER OF ACCOUNTS

**Mobile Provider:**  **Mobile #:**  **Transfer FROM Account #:**

**Transfer TO Account #:**  **Billing Address:**

**Billing Phone#:**  **Business E-mail:**

**Comment(s):**

## OTHER REQUESTS

**Hot Spot Activation** **Mobile Provider:**  **Mobile #:**

**Other Request:**

**Comment(s):**