

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:
Approving Mgr: Click box to indicate you read this. **Attn ITS Staff: Please include e-mail from supervisor 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: 16 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):