



Sacred Heart University

# DIAL-UP REQUEST FORM

Date: \_\_\_\_\_

**Please Check One:**

ACTIVATE

CHANGE

DEACTIVATE

**Please Check One:**

STAFF

PART-TIME FACULTY

FULL-TIME FACULTY

OTHER \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Last)

Dept: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Account # (leave blank if FT faculty): \_\_\_\_\_

Authorized Acct Manager: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature) (Date)

Comments: \_\_\_\_\_

**NOTE: Cost is \$20.00/month. This service will be billed from the date of activation to the end of each fiscal year. Each year thereafter, the annual cost will be billed in full until service deactivation is requested.**

<b>For Official Use Only:</b>	
Debit Account _____	IT – Business Unit Manager _____
Credit Account 10-06162-5279	Activation Date _____