



INFORMATION TECHNOLOGY

MOBILE COMMUNICATION RESOURCES

The request should be printed out, completed and submitted to Information Technology Mobile Communications Resources Room 9254 Kendall Campus. Please contact us at 70189 for additional questions.

Date Requested:

Requestor Information

Last Name:

First Name:

Job Title:

MDID:

Department:

Contact Extension:

Requestor Extension:

Requestors Email:

Campus Location:

Type of Mobile Device Requested

Required Information

Please describe the need for a cellular phone. Provide details on how the phone will be used to benefit your work and department. **(This statement is mandatory)**

Employee Requesting Cellular Phone

I certify the above to be an accurate reflection of my business needs. I have read Miami Dade College's Cellular Phone Policy 7915 and agree to comply with its requirements.

_____ Date
Requestor's Signature

Department Head & Campus President Authorization Statement

I approve the above request for a cellular phone. The statement above accurately reflects the requestor's business needs.

_____ Date
Campus President or VP Signature

NOTE: All Cellular requests must be approved by the College Provost for Operations

_____ Date
College Provost Signature

IT Departmental Use Only

Mobile Provider: Device Type Info: Device Phone #:

Please print and forward to Information Technology Vice Provost for review and approval in Kendal Campus 9153