**Technology Services**

Support Ticket #



**REQUEST FOR DISTRICT CELL PHONE**

* Please complete this form with the appropriate authorization signature
* Scan or E-mail to Support@scusd.edu
* If you have any questions, please call Technology Support @ 916-643-9445
* **Please note**: **This phone is District property and is to be returned to Technology Services upon discontinuation of use. Do not transfer phones between employees or departments.**

**NEW USER UPGRADE BROKEN/REPLACEMENT DEVICE LOANER \_\_\_\_\_\_\_**

**Requestor Information:**

|  |  |  |
| --- | --- | --- |
| **Last Name, First Name:** | **Title:** | **Department/Loc:** |
| **Office Phone:** | **Email:** | **Date:** |

**Mobile Phone User Information (If different than above):**

|  |  |  |
| --- | --- | --- |
| **Last Name, First Name:** | **Title:** | **Department/Loc:** |
| **Cell Phone Number:** | **Email:** | **Date:** |

**AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| **Last Name, First Name:** | **Title:** | **Department/Loc:** |
| **Authorizing Signature:** | **Date:** |

**FOR TECH SERVICES USE ONLY**

|  |  |  |
| --- | --- | --- |
| **OLD Phone Make/Model:****Return Date:** | **Phone IMEI/MEID No.:** | **Cell Phone Number:** |
| **NEW Phone Make/Model:** | **Phone IMEI/MEID No.:** | **Cell Phone Number:** |

**DELIVERY INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Delivered To (Print Name) / Signature** | **Title:** | **Date:** |
| **Delivered By (Print Name):** | **Signature:** | **Date:** |