



# INFORMATION TECHNOLOGY

CLIENT SERVICES - 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 Pager:

Digital:

Alphanumeric:

### Employee Requesting Pager device

I have read Miami Dade College's Pager device Policy 7915 and agree to comply with its requirements.

\_\_\_\_\_  
Requestor's Signature      Date

### NOTE:

Basic digital local pager request must be approved by the Department Head and Campus Dean.  
All other pager request must be approved by Campus President or Vice Provost.

### Department Head & Campus Dean Authorization Statement

I approve the above request for a digital local pager.

\_\_\_\_\_  
Department Head      Date

\_\_\_\_\_  
Campus Dean      Date

### Campus President or Vice Provost Authorization Statement

I approve the above request for an alpha pager.

\_\_\_\_\_  
Campus President or Vice Provost      Date

### IT Departmental Use Only

Pager Type:

Pager Cap #:

Pager #:

Please print and forward to Information Technology  
Mobile Communications Resources - Kendal Campus 9254