



**MARSHALL UNIVERSITY**  
**Telecommunications**

**CALLING CARD SERVICE REQUEST**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Extension: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Charge to: ORG: \_\_\_\_\_ FUND: \_\_\_\_\_ INDEX: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_

**Return this form to:**

**Becky Pack**  
**Telecommunications Office**  
**Drinko Library, Room 118**