



# MARSHALL UNIVERSITY Telecommunications

## LONG DISTANCE SERVICE REQUEST

This form is to be used by university employees to apply for a telephone access code for long distance telephone services to be charged to a university department.

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

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

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

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

Charge long distance service to: ORG: \_\_\_\_\_ FUND: \_\_\_\_\_

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

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

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

**Please return this form to:**

**Telecommunications Department  
Drinko Library 123**

