



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 4th Floor**