Desired completion Date:
- As soon as possible
- Emergency/Rush (Call 4-8565 to obtain prior approval. If approved, there will be a $100 expedite fee per order with a maximum of 2 installs/moves in the same building.)
- Specific Date: ___ (Must be received more than 5 working days ahead of specific date.)

Add ☐ Change ☐ Move ☐ Disconnect ☐

Special Instructions: ___

Extension #: fhts Monthly Fund Acct. #: _____ Install Fund Acct. #: _____

Location: Building sfgh Move to: Building sfgh
Room #: sfgh Room #: shsg
Jack #: _____ Requires GIGenet Jack #: _____ Requires GIGenet

**New Jack:** Attach a room diagram (sketch) marking each new jack location, doors, and north.

Set Type
- ☐ 6737i (needs data)
- ☐ 6739i (needs data)
- ☐ IP Polycom Speakerphone (needs data)
- ☐ 6731i (Public area-no computer connection)

Long Distance ☐ Yes ☐ No (if marked no, authorization code needed)

Sequential Ring (previously Call Coverage) ☐ Add ☐ Delete ☐ Change

___ (2-6) rings covers (on busy) to Point1 ______ Point 2 _____ Point3 _____

Call Pickup

Pickup group if known sghsfghsfgh
Last Name________________________ Telephone # ____________
Last Name________________________ Telephone # ____________
Last Name________________________ Telephone # ____________
Last Name________________________ Telephone # ____________

Voice Mail

☐ Add ☐ Delete ☐ Name Change only ☐ Password Reset

Extension #: ____________ Campus Address ______
Zero option extension: _____

Features may also be configured through the user web portal: https://xsp3ext.sip.net.internet2.edu/Login/

Coordinator Signature _____________________________________________ Date ________________