

## Georgia Institute of Technology Wireless Device Authorization Form

Name: _____ Date: _____ Department: _____	Requested	
<b>TYPE OF REQUEST:</b>		
New: _____ Replacement: _____ Reimbursement: _____		
<b>TYPE OF DEVICE:</b>		
Pager: _____ Wireless Card: _____ Cell Phone: _____ PDA / Smartphone: _____ Other (specify): _____		
<b>IF REQUESTING A REPLACEMENT, COMPLETE THE <i>WIRELESS DEVICE RELINQUISH FORM</i>.</b>		
<b>SPECIFY VENDOR / MODEL / SERVICE PLAN PREFERRED (Manager or Telecom Coordinator / Representative may approve / recommend a more appropriate device or plan based on actual need):</b>		
Vendor Name: _____ Device Model: _____ Service Plan: _____ Comments: _____		
<b>STATEMENT OF NEED (Specify how this relates to your functional responsibilities):</b>		
<i>By signing below, I give my approval for the above purchase to be made.</i>		
Requestor Approval: _____ Date: _____ Typed/Printed Name: _____	Approved	
Manager Approval: _____ Date: _____ Typed/Printed Name: _____		
Director Approval: _____ Date: _____ Typed/Printed Name: _____		
<b>Telecom Coordinator / Representative use only.</b>		
Form Received By: _____ Date: _____ Device Issued By: _____ Date: _____ Typed/Printed Name: _____	Issued	
Vendor Name: _____ Device Phone No.: _____ Serial No. / IMEI: _____		
<i>By signing below I acknowledge the following: 1) this wireless device and service should and will only be used in the performance of my official Georgia Tech duties, 2) no new wireless device will be issued prior to the return of any existing device (except in the case of loss), 3) I am responsible for repaying the cost for any lost wireless device, and 4) I am in receipt of the device described above. Sign this section ONLY when you have received the device.</i>		
Employee Signature: _____ Date: _____ Typed/Printed Name: _____	Received	