

Date: _____

Ethernet Activation Request v2.0

Page ____ of ____

Jack Information

Configuration Information

	Bldg#	Room#	Jack#	# of Machines	Network	User Name
<input type="checkbox"/> Delete <input type="checkbox"/> Move <input type="checkbox"/> Change <input type="checkbox"/> Configuration <input type="checkbox"/> Add	Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
<input type="checkbox"/> Delete <input type="checkbox"/> Move <input type="checkbox"/> Change <input type="checkbox"/> Configuration <input type="checkbox"/> Add	Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
<input type="checkbox"/> Delete <input type="checkbox"/> Move <input type="checkbox"/> Change <input type="checkbox"/> Configuration <input type="checkbox"/> Add	Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
<input type="checkbox"/> Delete <input type="checkbox"/> Move <input type="checkbox"/> Change <input type="checkbox"/> Configuration <input type="checkbox"/> Add	Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
<input type="checkbox"/> Delete <input type="checkbox"/> Move <input type="checkbox"/> Change <input type="checkbox"/> Configuration <input type="checkbox"/> Add	Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
<input type="checkbox"/> Delete <input type="checkbox"/> Move <input type="checkbox"/> Change <input type="checkbox"/> Configuration <input type="checkbox"/> Add	Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Default <input type="checkbox"/> Open	Other: <input type="text"/>

Department Name: _____

DDR Name: _____ phone #: _____

Return Form to:

Department Approval: _____ (Signature)

Tech. Contact Name: _____ phone#: _____

**OIT/NTS Service Desk
Patuxent Building**

Department Approval: _____ (Print Name)

AU Number: _____ FRS Number: _____