

REQUEST FOR ACCESS TO CELLULAR SERVICES ADMINISTRATION AND BILLING

Access to Cellular Services Administration and Billing is provided by your cellular vendor and is restricted to Department Cellular Representatives (DCRs). Access requires your University Directory ID and password.

To become a DCR, please complete the form below on your computer, print this page, sign the form where indicated, and route the form through your department head or designee for approval. Fax the approved form to 301.314.9090 or mail it to NTS Service Desk, Room 2116, Patuxent Building (010), Campus.

Applicant Name	University Directory ID (e.g., jdoe) or E-mail Address
<input type="checkbox"/> Replaces current DCR <input type="checkbox"/> In addition to current DCR	Telephone Number
Department	FRS Number
<input type="checkbox"/> Sprint/Nextel <input type="checkbox"/> AT&T Mobility <input type="checkbox"/> Verizon	
<p>Applicant: Please read the following statement and sign where indicated.</p> <p>I understand that, pending all approvals, I will be given access to information contained in our cellular vendors' computer systems solely for the purpose of fulfilling my official job duties. I agree to keep all information in a manner that is appropriate to its content and to keep any personally identifiable information confidential, out of public view, and stored in a secure location/form whether it is in paper copy, contained in software, visible on screen displays, in computer readable, or in any other form.</p> <p>I further understand that I am solely responsible for my use of this information, including its disclosure to others. I therefore agree not to re-disclose or provide access to this information except as authorized by my job duties and in compliance with federal and state laws and university policy. Neither curiosity nor personal relationships provide a basis for any breach of confidentiality.</p> <div style="text-align: right; margin-top: 20px;"> <hr style="width: 30%; margin: 0 auto;"/> <p>Signature of Applicant</p> </div>	

Revised 07/17/08

APPROVAL:

I approve the above request.

Name of Department Head or Designee

Title of Department Head or Designee

Signature of Department Head or Designee