

Please print form,  
complete and  
FAX to 1-2179.



**CALLING CARD ACTION REQUEST**  
**EMPLOYEE NAME**

491-

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Initial*

**ACTION REQUESTED**

**Special Notes**

\_\_\_\_\_ **New Calling Card**

\_\_\_\_\_  
*Leave blank*

\_\_\_\_\_  
*Department Number*

\_\_\_\_\_  
*Account Number*

\_\_\_\_\_ **Delete Calling Card**

\_\_\_\_\_  
*Card Number*

\_\_\_\_\_  
*Department Number*

\_\_\_\_\_  
*Account Number*

\_\_\_\_\_ **Change Account Number**

\_\_\_\_\_  
*Card Number*

\_\_\_\_\_  
*Department Number*

\_\_\_\_\_  
*Account Number*

**FORM INITIATED BY:**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Department #:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**MAIL CARD TO:**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Department #:** \_\_\_\_\_

**RETURN FORM TO:**

**Telecommunications, #1009**

**E-100 Glover Building**

**FAX #: 1-2179**

**(Visit our website: [www.colostate.edu/dents/telecommunications](http://www.colostate.edu/dents/telecommunications))**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE (for accounts listed above)**