

**Georgia Institute of Technology
Wireless Device Authorization Form**

Name _____ Date _____ Department _____	Requested	
TYPE OF REQUEST:		
New _____ Replacement _____ Reimbursement _____		
TYPE OF DEVICE:		
Pager _____ Wireless Card _____ Cell Phone _____ PDA _____ Other (specify) _____		
IF REQUESTING A REPLACEMENT, COMPLETE THE <i>WIRELESS DEVICE RELINQUISH FORM</i>.		
SPECIFY VENDOR / MODEL / SERVICE PLAN PREFERRED (Manager or Telecom Coordinator/Representative may approve/recommend a more appropriate device or plan based on actual need):		
Vendor Name _____ Device Model _____ Service Plan _____ Comments: _____		
STATEMENT OF NEED (Specify how this relates to your functional responsibilities):		
_____ _____ _____		
Manager Approval: _____ Date: _____ Typed/Printed Name: _____	Approved	
Director Approval: _____ Date: _____ Typed/Printed Name: _____		
Telecom Coordinator/Representative		
Form Received By _____ Date: _____ Device Issued By: _____ Date: _____ Typed/Printed Name: _____	Issued	
Vendor Name _____ Device Phone Number _____ Serial Number _____		
<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.</i>		
Employee Signature: _____ Date: _____ Typed/Printed Name: _____	Received	