

**CHICAGO STATE UNIVERSITY
OFFICE OF TELECOMMUNICATIONS
STUDENT RESIDENT HALL
TELEPHONE SERVICE APPLICATION**

Date of Request _____ Length of Service Requested _____

Name _____
(Last) (First) (M.I.)

Home Address _____
(Not CSU)

(City) (State) (Zip)

Home Phone _____ -- _____ -- _____

Soc. Sec. Number _____ -- _____ -- _____

Room Number: _____ Email Address: _____

**I, _____, have reviewed all of
(Signature)
Chicago State University telephone services and contract information. I clearly understand that
my code is not to be shared. I take full financial responsibility for payment of all calls made to
the code I am assigned.

(For Telecommunications Use Only)

Room #: _____ Activation Date: _____

Student A/B _____ Authorization Code: _____

Cost Center: _____ Telecom. Verification: _____