

# Telecommunications Department



## Telephone Service Application Form

<b>User Name</b>	
<b>KFUPM ID #</b>	
<b>Designation / Rank</b>	
<b>Department / Section</b>	
<b>Contact Telephone No</b>	
<b>E-Mail</b>	

**Service required**

<b>New Line</b>	<input type="checkbox"/> Fax	<input type="checkbox"/> Analog	<input type="checkbox"/> Digital *	<b>Bldg/House</b>	<b>Room</b>
<b>Conversion</b>	<b>Tel-No</b>	<input type="checkbox"/> Analog to Digital *		<input type="checkbox"/> Digital to Analog *	
<b>Shifting</b>	<b>Tel-No</b>	<b>From - Bldg/House</b>	<b>Room</b>	<b>To - Bldg/House</b>	<b>Room</b>
<b>Parallel Connection</b>	<b>Tel-No</b>	<b>From - Bldg/House</b>	<b>Room</b>	<b>To - Bldg/House</b>	<b>Room</b>
<b>Cancellation</b>	<b>Tel-No</b>	<b>From - Bldg/House</b>	<b>Room</b>	<b>Reason</b>	

**Justification & Remarks**

\* Please justify your request in the above box

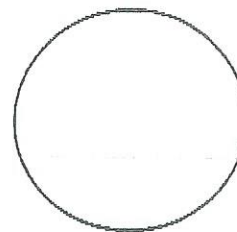
**Department Head Approval**

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

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Department Stamp

Please send this form to Telecommunications Department (Bldg-34) Box-5022, Fax-4099