

## Telecommunications Department



### Telephone Service Application Form

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

#### Service required

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

#### Justification & Remarks

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\* Please justify your request in the above box

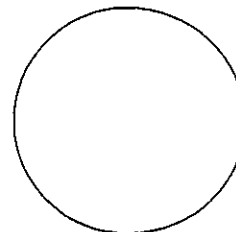
#### Department Head Approval

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

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

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

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



Department Stamp

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