Bluegrass District
Cell Phone/Pager Request Form

Requested by: _____ **Date:** _____

Service Requested: **(Please Circle)** **Cell Phone** **Pager**

Fulltime Status: **(Please Circle One)** **Faculty** **Staff**

Division: _____ **Telephone:** _____

Office: _____ **E-mail Address:** _____

Brief Justification: _____
_____
_____
_____
_____

Projected Cell Phone Rate Plan Desired (Minutes/Coverage):

_____
_____

Do keep in mind that all cell phone and pager requests are subject to Presidential approval

Applicant Signature: _____

Supervisor Signature: _____

President Signature: _____

Rev 3-2-05