

Supervisor Name (print)

Dept. Head/Dean Name(print)

Telephone Change Request Form

Request a change to an existing phone.

To request a new telephone, please submit a Telephone Order Request Form.

Existing Phone Information Employee Name: Room Number: Phone's MAC Address: ___ Phone Extension: The MAC Address can be found by pressing the **Settings** button on the phone. Then select **3. Network Configuration**. The **MAC Address** will appear as a string of numbers and letters. **New User Information** Employee Name: _____ College ID# _____ Department: ______ Room #: _____ "; ®Gai ©š\((required) : (Submit Network/Exchange form for new email address) Request New Extention #: No Yes Request Voicemail: Yes No Select the calling region(s) below: **Internal Campus** Local Area (201, 551, 973, 862, etc) Tri-State Area (NY, NJ, CT) Nationwide Additional Requests or Comments: **Requested By:** Requester Name (print) **Requester Email Address Phone**

Submit this form with all signatures to the Help Desk in **L154B or** scan & send to **helpdesk@bergen.edu**.

Supervisor Signature

Dept. Head/Dean Signature

Date

Date