



University of the District of Columbia

Office of Information Technology, Telecommunications

Building 41 Room 316

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Telecommunications Calling Card Request

PLEASE COMPLETE THE FOLLOWING INFORMATION

REQUESTER MR. DR. **NAME** _____
 MRS. MS.

STATUS: faculty staff student other specify) _____

DEPARTMENT: _____

COLLEGE: _____

CAMPUS ADDRESS: _____

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AUTHORIZATION: TO BE COMPLETED BY VICEPRESIDENT, DEAN, CHAIRPERSON, DIRECTOR, STUDENT LEADER, FACULTY ADVISOR

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