

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

* Please justify your request in the above box

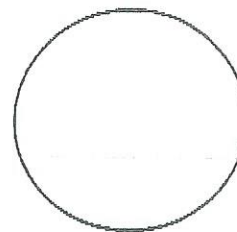
Department Head Approval

Name: _____

Designation: _____

Signature: _____

Date: _____



Department Stamp

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