T109 - IS LONG DISTANCE ACCESS REQUEST FORM
FOR LONG DISTANCE AUTHORIZATION CODES AND/OR AT&T CALLING CARD ACCOUNT

Please check all that applies (to change I.D. codes use one form to delete old code, one form to add new code).

☐ **Long Distance Authorization Code** ☐ **AT&T Calling Card Number**

☐ **Add** ☐ **Delete** ☐ **Change Range** ☐ **Change Acct. #** ☐ **Change Name** ☐ **Change Ext. #**

Date: _____ **Effective Date:** _____

Employee Name: _____ **Employee Number:** _____

Department Name: _____

Employee Mail Route: _____ **Employee Ext. Number:** _____

Old FRS Number: _____ **(if changed)**

FRS Account Number to be Charged: _____

Range Limit Options for Long Distance Authorization Codes (please check ONE)

☐ **(0) International (includes overseas)** ☐ **(2) Continental U.S. (48 states)**
☐ **(1) North America (includes Canada & Mexico)** ☐ **(3) Texas only**

Telephone Number to appear on AT&T calling card _____ **or**
Telephone Number on AT&T calling card to be DELETED _____

_____ _____
Account-Authorized Signature **Date**

Contact Name: _____ **Contact Ext.** _____
(Receives confirmation when ready and instructs employee to pick up. Must bring ID badge)

Contact Mail Route: _____ **Contact Fax Number:** _____

Contact Email Address: _____

I understand that this long distance authorization number is not to be given to any other person. I also understand that it is my responsibility to notify Information Services if the access number is lost, stolen, or used by any other person and that credit shall not be given for fraudulent calls made using this access number prior to the proper notification being given to Information Services.

Information Services Use Only

Fax or mail completed form to: **Information Services** **Information Management Group** **ATTN: Shereen Boysen/Vera Wray** **Mail Route: 1040** **Phone: 25797 or 25780** **Fax: 25774**	**Employee Signature** _____ **Date Picked Up** _____ **Code Number**_____ **Range** _____ **AT&T Card Number** _____ **Date Issued** _____ **Date Canceled** _____ **Date Entered into MAT** _____ **Date Entered Into Management System** _____