Section I – **Required Personal Information** *(Please Print)*

Name: ________________________________ (First) ________________________________ (MI) ________________________________ (Last)

University ID Number: ________________________________

RIT Account: ________________________________

Department/Division: ________________________________ Building/Room: ________________________________ Phone: ________________________________

Department Budget Number: ________________________________

Section II – Reason Verification for token

Why do you want a token? (select one):
- [ ] I don’t have a smartphone
- [ ] I don’t have a desk phone
- [ ] Other

If “other” is checked, please provide the reason here:

Section III – Authorization

I understand that if the token is lost or broken, my department will be liable for the replacement. I acknowledge that if the token is lost or stolen, I must immediately report it as missing to the ITS Service Desk.

Print Name of Requestor: ________________________________ Requestor’s Signature: ________________________________ Date: ________________________________

I approve this request, the assignment of a physical token, the initial cost of the token, as well as any future replacement fees.

Print Name of Department Head: ________________________________ Department Head’s Signature: ________________________________ Date: ________________________________