

**SOUTHERN CONNECTICUT STATE UNIVERSITY**  
**Activation of Wireless Communication Service**

This form must be completed to ensure the continuation of receiving wireless communication service and equipment from Southern Connecticut State University (“SCSU”). By receiving the device, your supervisor has determined that this equipment and service are necessary for you to successfully perform your job responsibilities.

If you are the account holder, you will receive a billing statement from your provider each month. All account holders are responsible for monitoring the costs of this service to not exceed the amount of your agreement. Account holders are required to review the charges on the billing statement and remedy any discrepancies with the carrier within 30 days of receipt of invoice. If there are no problems with the billing statement, account holders are required to sign the billing statement, indicate the appropriate Purchase Order Number and forward to the Accounts Payable Department for payment processing. Your prompt attention to this process would be greatly appreciated.

The following are additional terms regarding your responsibilities related to the wireless communication device policy. This information is based upon the State of Connecticut Telecommunications Equipment Policy and SCSU Wireless Communication Device Distribution Principles and Guidelines:

1. You are responsible for the safeguarding of the device and controlling its use.
2. Activate password protection on the device, if available.
3. Sensitive or confidential information shall not be transmitted via emails or text messages.
4. No confidential or sensitive information shall reside on the device.
5. Cellular telephone conversations are not secure; therefore device holders should use caution when discussing confidential information.
6. The theft of the equipment must be reported to SCSU’s University Police. The theft must also be reported to your provider to request that they immediately deactivate the service.
7. The use of state-owned equipment is normally reserved for official state business. However, incoming calls, emergency notifications, and other calls of minimal duration and frequency, which cannot reasonably be made at another time are permitted. If under any circumstances costs are incurred for personal use of service, such costs shall be reimbursed to the State. These costs include airtime as well as any toll calling and roamer charges.
8. Should you terminate your services at SCSU, you are required to return the device and accessories to the OIT Help Desk *prior* to your departure.
9. If you are the account holder, you are required to keep complete copies of each bill for auditing purposes throughout the service plan agreement, or until permission to destroy such records has been requested and granted by the State of CT Public Records Administration.
10. Violation of any of these responsibilities is subject to removal of the privilege.

**Part I - If you are activating the service for the first time**, your signature below signifies that you understand the policy and procedures regarding wireless communication device assignment. Please also obtain signatures from your supervisors and appropriate Vice President.

\_\_\_\_\_  
Print name of Device Holder

\_\_\_\_\_  
Signature of Device Holder

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Department Head

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Dean/Director

\_\_\_\_\_  
Signature of Dean/Director

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print name of VP/CIO

\_\_\_\_\_  
Signature of VP/CIO

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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**Part II** – All device holders must complete and return this part of the form to ensure the continuation of receiving wireless communication service and equipment from SCSU. This part of the form should be completed under one or more of the following scenarios:

- (1) Activating the service for the first-time
- (2) Switching to a different calling plan
- (3) Replacing the equipment
- (4) Changing to a different phone number

Your Name		Department	
Carrier		Calling Plan	<input type="checkbox"/> Voice + Text <input type="checkbox"/> Voice + Text + Data
Mobile Phone No.			
Device Serial No.			
Check all that apply:  <input type="checkbox"/> First-time Activation <input type="checkbox"/> Change Calling Plan <input type="checkbox"/> Change Device <input type="checkbox"/> Change Phone Number			
Fill out this section if you are making a change to your device, calling plan, or phone number			
Old Carrier		Old Calling Plan	<input type="checkbox"/> Voice + Text <input type="checkbox"/> Voice + Text + Data
Old Mobile Phone No.			
Old Device Serial No.			

\_\_\_\_\_

Print name of Device Holder

\_\_\_\_\_

Signature of Device Holder

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_\_

Print name of Department Head

\_\_\_\_\_

Signature of Department Head

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

Please return one signed copy of this form to the Administrative Support Services Department (Wintergreen, x25453)  
 CC: Human Resources