University of Pittsburgh
Computing Services and Systems Development

Online Departmental Telecommunications Bills Access Request
Form *Version Date 02/14/17*

Use this form to request or modify access to Departmental Online Phone Bills, which are available through the my.pitt.edu Web portal. This form must be completed and signed by a chair or department head. If you wish to grant a user access to only one or more specific sub codes, project or purpose codes, indicate the 4, 5 or 6 digit code in the relevant field. If you DO NOT wish to restrict users to specific sub codes, project or purpose codes, enter 4, 5, or 6 **(X's)** in the relevant field and initial the (**) column.

User Information Key
To be completed by the requestor—please print clearly.

Key for Next Section	Name(Last, First)	Phone Number	University of Pittsburgh Account Username
User 1			
User 2			
User 3			

Request Access For: *For each account listed, enter a (✔) for each user to receive access.*

Entity (2)	Dept (5)	SubCode (4)	Purpose Code (5)	Project Code (6)	Reference Code (5)	**	User 1	User 2	User 3

(_____) **Initial here if you would like the user to have access to any new purpose or project codes created for this department number.**

Remove Access For: *For each account listed, enter a (✔) for each user to be removed.*

Entity (2)	Dept (5)	SubCode (4)	Purpose Code (5)	Project Code (6)	Reference Code (5)	##	User 1	User 2	User 3

(_____) **Initial here if removing from all accounts for this department.**

Person to contact once a change has been completed:

_____   _____   _____
Name   *Phone Number*   *Email Address*

*Please complete and either scan and email to **cellular@pitt.edu**, fax to **412-624-1866**, or mail to **CSSD-Telecom**, **Access Request, 709 CL**.*
*Questions: Contact the University's Technology Help Desk at 412-62**4-HELP** [4357].*

By signing below, I authorize CSSD to grant or remove access to the indicated online telecommunications billing records for each individual listed on this form.

_____   _____   _____
Department Chair or Head Name   *Title*   *Date*

_____   _____
Signature   *Department Name*

CSSD Internal Use Only

_____   _____
Date Processed   *Remedy #*