Support Ticket #

* Please complete this form with the appropriate authorization signature and email to [Support@scusd.edu](mailto:Support@scusd.edu).
* If you have any questions, please call Technology Support @ (916) 643-9445
* **Please note**: **This phone is District property and is to be returned to Technology Services upon discontinuation of use. Do not transfer phones between employees or departments.**

**Mobile Phone User Information**

|  |  |  |
| --- | --- | --- |
| **Last Name, First Name:**  Click here to enter text. | **Title/Position:**  Click here to enter text. | **Department/Location:**  Click here to enter text. |
| **Email:**  Click here to enter text. | **Office Number:**  Click here to enter text. | **Cell Number (if already assigned):**  Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile Phone User:** | | New User  Upgrade  Broken  Lost/Stolen  Assignment Change | |
| **Position:** | Established Position – has a phone  Established Position – now in need of a phone  Brand New Position | | |
| **Established Position with Phone: Where is the phone?** | | | Click here to enter text. |

**Requestor Information (If different than above):**

|  |  |  |
| --- | --- | --- |
| **Last Name, First Name:**  Click here to enter text. | **Title:**  Click here to enter text. | **Department/Location:**  Click here to enter text. |
| **Email:**  Click here to enter text. | **Office Number:**  Click here to enter text. | **Cell Number:**  Click here to enter text. |

**Assignment Change/Transfer (if applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Title:**  Click here to enter text. | | **Previous Department/Location:**  Click here to enter text. | |
| **New Title:**  Click here to enter text. | **New Department/Location:**  Click here to enter text. | | **New Office Phone #:**  Click here to enter text. |

**AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| **Last Name, First Name:**  Click here to enter text. | **Title:**  Click here to enter text. | **Department/Location:**  Click here to enter text. |
| **Authorizing Signature:** | | **Date:**  Click here to enter text. |

**FOR TECH SERVICES USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Titles below Director Authorization is required.** | | **CBBO Authorized:  Yes  No** | | **Date:** 10.22.2024 | |
| **OLD Phone Make/Model:**  Click here to enter text.  **Return Date:**  Click here to enter text. | **OLD Phone IMEI/MEID #:**  Click here to enter text. | | **OLD Phone Serial # & Device #:**  Click here to enter text. | | **OLD Cell Phone Number:**  Click here to enter text. |
| **NEW Phone Make/Model:**  Click here to enter text. | **NEW Phone IMEI/MEID #:**  Click here to enter text. | | **NEW Phone Serial # & Device #:**  Click here to enter text. | | **NEW Cell Phone Number:**  Click here to enter text. |

**DELIVERY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Delivered To (Print Name) and Signature:** | | **Title:** | **Date:** |
| **Delivered By (Print Name):** | **Signature:** | | **Date:** |