Support Ticket #

* Please complete this form with the appropriate authorization signature and email to 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:** [x]  **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:** |