DEPARTMENTAL VOICEMAIL CHANGES

Please complete, sign, and fax back to the Telecommunications Department. Requests are usually processed the same day, and you will receive instructions.

REQUEST TO CHANGE THE NAME ON A VOICEMAIL BOX

(NO CHARGE)

Department: __________________________________________

Extension: __________________________________________

Current Name: _______________________________________

New Name: _________________________________________

Effective Date: ____________________________________

DEPARTMENT HEAD, DEAN OR DIRECTOR