ITS Communication Services
Calling Card and Forced Authorization Code (FAC) Request Form

A Forced Authorization Code (FAC) Card enables a user to place long distance calls from University telephones and have these calls billed to a specific PTAO. A University issued Calling Card is a standard telephone calling card which bills directly to a specified University PTAO.

Your use of either the University issued Calling card or the FAC Card is subject to standard University policies that prohibit personal use. By signing this form, you agree to abide by the following terms and conditions:

1. I am the only person who will use the Card. I will keep my Card number confidential.

2. I will not make personal calls on the card under any conditions. I understand that the University audits the use of the Card and will take appropriate action when improper uses are found.

3. I agree to return my Card immediately upon request or upon termination of employment (including retirement).

FORM MUST BE COMPLETED IN ITS ENTIRETY FOR ALL REQUESTS.
Please check the box for the card/cards that you are requesting.

☐ University issued Calling Card (off grounds use only)  ☐ FAC Card

Requestor Name: Last___________________First________________________Middle________
Requestor Mailing Address________________________________________________________
Phone Number: _______________________
E-mail: _____________________________________
Department Name: ______________________________________________________________
PTAO for Billing: P _ _ _ _ T _ _ _ _ . _ A _ _ _ _ _ _ _ _ O _ _ _ _ _ __

FAC NUMBER WILL BE EMAILED TO THE REQUESTER AND CARD HOLDER

Card Holder Name: Last___________________First ______________________Middle____ E-mail: ________________________________
Signature of Card Holder: ________________________________ Date: ___/___/___
Signature of Supervisor: ________________________________ Date: ___/___/___
(must be different than Card Holder)

If you are making changes for a card already issued, please provide the information below.
(Name change only applies to original owner, not another employee.)

Name Change: Current: __________________________ New: _________________________
Account Change: Current: __________________________ New: _________________________
Cancellation: Name __________________________ and/or Number ________________
Reissue new card: ___ (yes) ___(no)

All FAC’s are given a “class of service” for international calls.

Please mail original form to ITS Communication Services, P. O. Box 400196 or hand-deliver to Carruthers Hall Upper Level. We cannot accept faxes or email.

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