

STC Services Registration Form for Oberlin College Departmental Codes

Oberlin College
Application for Long Distance Authorization Code
Administrative College Business On-Campus

RETURN THIS FORM TO TELEPHONE SERVICES

For your application to be processed, all information must be completed. All information should be typed or hand-printed in ink.

Social Security Number _____ - _____ - _____

Name _____
last first middle

Campus Phone (440) _____ - _____

Campus Mailing Address:

Department Name _____

Room Number _____

Building Name _____

Administrative Information:

Division Name _____

Department Name _____

FOAPAL ACCOUNT (Required)
FUND # _____ (5 DIGITS)
ORGN # _____ (4 DIGITS)
ACCOUNT # <u>7</u> <u>1</u> <u>2</u> <u>1</u> (4 DIGITS)
PROGRAM # _____ (2 DIGITS)

Employee Signature _____ Date _____

Department Head Signature _____ Date _____

Division Head Signature _____ Date _____

TELEPHONE OFFICE USE ONLY

ENVELOPE NO. _____