

Long Distance Dialing Authorization Code Form

Last Name

University ID

First Name

Department

Fund

Orgn

Home Address

City

State

Zip Code

Office Telephone

Office Location Building

Room Number

I understand that I will be assigned a long distance/international calling authorization code which is intended only for business use. I confirm that the information above is correct. I understand that my authorization code will remain confidential and will be mailed directly to my home address. I will be responsible for all calls made using this code and will not share the code with others or make it known to anyone else.

Signature _____

I hereby authorize the above employee to have access to a long distance authorization code.

Department Head Name

Department Head Signature _____

After obtaining Department Head signature, please return to:

Human Resources Information Systems
HRIS@drexel.edu