



**Long Distance Dialing Authorization Code
Information Form**

Last Name _____ First Name _____

University ID Number _____

Department _____ Fund # _____

Orgn # _____

Home Address _____

Office Telephone Number _____

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 included 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 (print name) _____

Department Head Signature _____

Please return to department head for submission to:

**Denise Pressley
3201 Arch St, Rm. 430
Philadelphia, Pa 19104
T-215-895-6638
F-215-895-1751**