

KING FAISAL UNIVERSITY

INFORMATION TECHNOLOGY CENTER

CISCO IP PHONE TRANSFER FORM

<i>Information of the employee who will release the IP Phone</i>			
Employee Full Name			
IP Phone Number			
<i>Information of the current employee who will use the IP Phone</i>			
Employee Full Name			
Building Number		Floor/Room No	
KFU Email Address		KFU Employee ID	
Mobile Number		Requester's Sign	
Dept. 's Dean Approval			

Received By:	
Signature:	
Date:	

FOR OFFICIAL USE ONLY

Phone Model		Mac Address	
Verified By			
Approved By			