



**BARUCH COLLEGE
Telephone Authorization Code
Application**

Name: _____

Department: _____ Box #: _____

Telephone #: _____

I request that a telephone authorization code be assigned to me so that I can make long distance telephone calls from Baruch College while pursuing college business. I understand, and agree to abide by New York State policy that precludes personal telephone calls being paid for by Baruch College. Should I need to make a personal long distance call from Baruch facilities, I agree to reimburse Baruch College for the cost of the telephone calls I make.

Date: _____

Signature: _____

Title: _____

**FORM MUST BE COMPLETED, SIGNED BY DIRECTOR/DEPARTMENT CHAIR
AND RETURNED TO BCTC.**

Department head/Chairperson

Date: _____

Signature: _____

Title: _____

Send Completed request to BCTC/ Box H-0910 or fax 646 312-1021

BCTC Authorization Code: _____

Date: _____