

**Southern Illinois University at Edwardsville**  
**- CONTRACT FOR ONE SEMESTER -**

**Personal Telephone Line (PTL) for Housing Resident**

**Name (please print):** *(Last- First -MI)*

**Student Identification Number:**

**Campus Residence:** *(Building / Room/Apartment Number)*

**Campus Residence Main Extension:**

**Cell phone number, if you have one:** *(area code and number)*

**SIUE Email address:**

In signing this contract, I accept responsibility for calls placed from my PTL. I am contracting for the exclusive license right of the phone number 650-\_\_\_\_\_ for \_\_\_\_\_(semester) \_\_\_\_\_ (year). I understand that the activation of my PTL will be scheduled once I have completed this contract, and payment has been processed. I also understand that no refunds will be granted after the activation date. To change an address associated with my PTL, (\$20 charge) or reset my voice mail box, (\$2 charge), I must submit a written request to Information Technology Services (ITS) in Lovejoy Library, Room 0005. In the event it becomes necessary for the University to enforce the terms of this Contract by legal means or use of a collection agency, I agree to pay all collection expenses including actual attorney's fees, court costs, and collection agency fees.

Furthermore, I understand that the University has the right to cancel my PTL for any of the following reasons:

- i. an attempt to obtain a dial tone illegally,
- ii. misuse of my personal telephone line,
- iii. an attempt to obtain a Student Telephone Account Number ("STAN") illegally,
- iv. the use of a STAN other than my own,
- v. physical abuse of telephone equipment and/or connection, or
- vi. If I do not renew my PTL for next semester by the first Friday of next semester, my PTL will be disconnected. To renew my PTL for next semester and avoid it being disconnected, I understand that I must complete a new PTL contract and pay the \$36 fee by Friday of the first week of next semester.

I understand that any fraudulent use of telephone services, as listed above or any other, will be punishable by immediate disconnection of services, immediate full payment of all unauthorized calls, and referral to the College Judicial System and other legal recourse will be taken. I have read and understand all policies outlined in the Information Technology Services Student Policies brochure.

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

This completed form, and the \$36 fee must be delivered in person to Information Technology Services (ITS) located in the basement of Lovejoy Library, room 0005. You will be asked to present your SIUE ID when you submit this form.

<b>PAYMENT METHOD -(check one) - To Be Completed By ITS Staff</b>	
Check	
Money Order	
<b>RECEIVED</b>  <b>BY:</b> _____  (Please Print Your Full Name)	<b>DATE</b>  <b>RECEIVED:</b> _____  (Please Enter the Date Payment Was Received)

**For ITS Networking & Infrastructure Management Internal Office Use ONLY:**

**PTL#** \_\_\_\_\_ **CABLE PAIR** \_\_\_\_\_ **JACK LOCATION** \_\_\_\_\_  
**SUB ID** \_\_\_\_\_ **ACTIVATION DATE** \_\_\_\_\_ **CONFIRMED** \_\_\_\_\_