

CTS-Telecommunications Office
SUNY Oswego
102 Culkin Hall
Oswego, NY 13126
(315) 312-3039

Cancellation of Services

Name: _____ Campus ID#: _____

Campus Address: _____ Home Address: _____
(Street)

Campus Phone #: _____
(City/State/ Zip)

ARE YOU STILL ATTENDING SUNY OSWEGO OR STILL EMPLOYED BY SUNY OSWEGO?

___ YES ___ NO

I hereby authorize the CTS-Telecommunications Office to cancel the following services:

PBN/Authorization Code - Cancellation ONLY:

_____ I understand I will no longer have a PBN to place off campus calls.

PBN CHANGE: _____ * I wish to change my current PBN. I understand my new PBN will be activated within 24 hours.

For Student PBN:

For Employee PBNs:

(PBN to be cancelled)

(Personal PBN to be cancelled)

(Business PBN to be cancelled)

*Your new PBN

*Your new personal PBN

*Your new Business PBN

Home Billing Cancellation ONLY: _____ I understand a printed bill will no longer be mailed to my home address.

Voice Mail 4-DIGIT MAILBOX Cancellation ONLY: _____ I understand I will no longer have voicemail on my line.

_____(Please enter 4-digit extension you would like to cancel the voice mailbox from)

Cancellation of all services:

_____ Please cancel all of the above phone services

Acknowledgement

As per my signed contract, I am aware that I am fully responsible and liable for all charges to this date. Any past due balance left on a student account will be subject to transcript holds and collection agency processing. Any past due balance left on a staff account will be subject to late fee assessment, automatic payroll deduction and collection agency processing.

Signature: _____ Telecom. Witness: _____ Date: _____