



## Cellular Telephone User Certification

### Cellular Telephone Information:

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Do one or more employees share this phone? Yes  No

If yes, each employee using the cell phone must complete and sign an attachment 2.

### User Certification:

I certify that I have read and will comply with the applicable University Cell Phone Administrative Policy and Implementation Procedures.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This certification is to be maintained in the employee's department in accordance with the University's record retention policy and is subject to audit or compliance reviews.*