



**Weill Medical College of Cornell University  
Office of Academic Computing  
User Support Group**

1300 York Avenue, Rm. D-017  
New York, NY 10021  
Admin. Phone: (212) 746-6333  
Fax Server: (212) 746-3860 (to obtain any of our service forms)  
Form Web Page: [www.med.cornell.edu/oac/support/forms.html](http://www.med.cornell.edu/oac/support/forms.html)  
Fax: (212) 746-8161

**Consulting Services Authorization**

Appropriate account authorization must be obtained **BEFORE** services are provided.  
The standard consulting charge is \$75 per hour (Billed in 20 minute intervals).

Full User name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

OAC Tag #: \_\_\_\_\_

Account Number: \_\_\_\_\_

*(5 accounts allowed with proper authorization)*

Administrator: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Service Description**

- Operating System Install     Software Install     Memory Install     File Transfer  
 Hardware Install     Other

*If you need Disk Recovery Services, please complete the Operating system/Diagnostic Repair Form.  
Please be aware that any subsequent work performed in regards to this consultation will also be billed as a consultation.*

Please provide a description of the service you need performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Time: \_\_\_\_\_ User's Initials: \_\_\_\_\_

End Time: \_\_\_\_\_ Technician's Initials: \_\_\_\_\_

Total Charges: \_\_\_\_\_ Reference Number: \_\_\_\_\_