



# Letter of Authorization to Change My Default Provider

By signing and submitting this form, you understand and agree to the following:

- I am the registered Video Relay Service user for the telephone numbers listed below or, if the number is registered to a business, I am a representative of that business, and I am authorized to port the listed numbers on behalf of the business.
- I am requesting to change the default provider for Video Relay Service for the numbers below from the current default provider to Sorenson.
- I appoint Sorenson Communications, Inc. to act as my (or in the case of a business, the business’s) agent and authorize Sorenson to implement this default-provider change.
- I understand that only one VRS provider may be selected as the default provider for any one telephone number.

**Personal Account**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If this is for a minor please complete the section below:

Child’s Name: \_\_\_\_\_ Child’s Email: \_\_\_\_\_  
 Child’s Street Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Account**

Business Name: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact #: \_\_\_\_\_  
 Business Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other Provider Address:**    Personal    Business

Street Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Each telephone number to be ported to Sorenson Communications, Inc. (“Sorenson”):

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

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

(If completing for a minor, parent/guardian must sign here)

