



RELAY

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

Full Legal 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 Address: _____ Apt/Suite #: _____
 City: _____ State: _____ Zip: _____

Business Account

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

Customer name as shown on Losing Provider Customer Service Record Personal Business
(if different From Full Legal Name): _____

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)

