

## Access/ID Card Request

**Student:** New / Replacement (no changes)  
Name / Class Change (must have Registrar's signature\*)

\_\_\_\_\_  
Print name as desired on Access/ID card

\_\_\_\_\_  
EMPLID

\_\_\_\_\_  
School or TCOM/PA/PT Class

\_\_\_\_\_  
Amount owed: Card-\$20; Photo-\$5

\_\_\_\_\_  
Student Mailbox number

\_\_\_\_\_  
Student email address



\_\_\_\_\_  
\*Registrar's Signature

\_\_\_\_\_  
Please print name

**Employee:** New / Replacement (no changes)  
Name / Class Change (must have Registrar's signature\*)

\_\_\_\_\_  
Print name as desired on Access/ID card

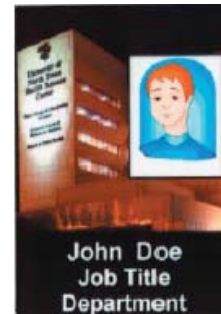
\_\_\_\_\_  
Credentials (DO, PhD, RN, etc.)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
EMPLID

\_\_\_\_\_  
Amount owed: Card-\$20; Photo-\$5



*If Name or Title Change:*

\_\_\_\_\_  
Former Name or title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name on file with Human Resources

\_\_\_\_\_  
\* Human Resources Approval Signature

\_\_\_\_\_  
Human Resources – print name

\_\_\_\_\_  
School/Department contact – please print

\_\_\_\_\_  
Phone Number – please print

\_\_\_\_\_  
Authorized Signature for IDT

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

Photo Taken N/A

Photo Number:

Payment Type: IDT Cash/Check

Received by:

Receipt Number:

Date: