

**UNT | HEALTH**  
**SCIENCE CENTER**  
**POLICE DEPARTMENT**  
**ID Badge Request**

- Student:**      Replacement (no changes) - \$20  
 Name / Class Change (must have Registrar's signature\*) - \$20

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

\_\_\_\_\_  
 Student ID#

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

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

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

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

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

**Employee:**

- New with Picture - \$25  
      Faculty    Employee  
 Replacement (no changes) - \$20  
 Name / Dept. Change (must have HR signature\*) - \$20

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

\_\_\_\_\_  
 Department

\_\_\_\_\_  
 EMPLID

\_\_\_\_\_  
 Amount owed

*If Name or Department Change:*

\_\_\_\_\_  
 Former Name or Department

\_\_\_\_\_  
 Signature

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

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

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

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

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

Office use only

Received By:

Date:

Card #:

PROJECT ID    DEPTID    ACTIVITY ID    FUND CODE    FUNCTION    FUND

Authorized Signature for IDT: