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:

Revised January 2017