

# IDENTIFICATION CARD REQUEST FORM

## ***Applicant to Complete:***

Card Request Type: ☐ First Card ☐ Lost/Stolen ☐ Damaged ☐ Information Change ☐ Renewal

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I certify that the information that I have provided is correct. I understand that the Identification Card and the RFID Card issued to me are nontransferable and are not to be used by any other person. Upon termination of my employment with the Agency listed below, I will surrender to the Agency HR Coordinator or Parking Coordinator the Identification Card and RFID Card issued to me. I understand that I must pay the established fee for a lost Identification Card or RFID Card.***

## ***Department HR Coordinator and Parking Coordinator to Complete:*** ☐ RFID Card w/ Picture ☐ Picture ID Only

Employee Category: ☐ Full Time (5 year expiration) ☐ Part Time (1 year expiration) ☐ Contract (1 year expiration) ☐ Agency (5 year expiration) ☐ Other (1 year expiration) \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Number: \_\_\_\_\_

HR Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

HR Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parking Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parking Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bill To: \_\_\_\_\_

## ***Parking Office to Complete:***

Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Identification Card Only: \_\_\_\_\_

RFID Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

### **RFID ACCESS REQUESTED**

- ☐ McEachern Parking Facility
- ☐ Blatt Building
- ☐ Brown Building
- ☐ Dennis Building
- ☐ Gressette Building
- ☐ Wade Hampton Building
- ☐ Dennis Loading Zone
- ☐ Wade Hampton Loading Zone
- ☐ State House