

AURARIA CAMPUS ID AUTHORIZATION

AHEC _____ **CCD** _____ **MSCD** _____ **UCD** _____ **Spring Int'l.** _____
OTHER _____

Institution Name

ID CHARGE IS \$10.00

This form together with a driver's license or other picture ID must be presented to ID Program personnel located in the Tivoli Student Union, room 243.

*Regular Hours of Operation:
Monday-Thursday 8a.m. 8p.m.
Friday 8a.m.-6p.m.

*Hours may change during the summer and beginning of each semester.

ALL ID CHARGES MUST HAVE AN ACCOUNT NUMBER

Employee/
Student Name: _____ Social Security Number: _____
Please Print

Department to be Charged: _____ Account Number: _____
(Do Not Abbreviate Department Name) (Required for All Charges)

Please check the appropriate lines.

Faculty _____ Full Time _____
Staff _____ Part Time _____
Student _____ Temporary _____
New ID _____ Validation Only _____
Charge Department _____ Employee Will Pay _____

MSCD ACCOUNT NUMBER	
F _____	fund
O _____	org
A _____	acct
P _____	prog
A _____	act (if applicable)
The "F", "O" & "P" lines must be filled in or acct. # is invalid!	

Employee Signature: _____ Date _____

Authorizing Name: _____
Please Print

Authorizing Signature: _____ Date _____

For AHEC Use only.	
Prepared by: _____	Date: _____