



Identification Card Verification Form

All employees must obtain ID Cards. Employee dependents must have individual ID cards to access campus recreational facilities.

Name _____

Address _____

City _____ State _____ Zip _____ G # _____

Dept. _____ Work # _____ Home # _____

FAMILY INFORMATION

Spouse Name _____ Gender M / F

SSN _____ Date of birth _____

DEPENDENTS

(16 years of age and older and living in the same household must be issued their own ID card)

Name	DOB	Gender	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Official Use Only/Please Indicate the Appropriate Status

FT Fac./Staff	Conservation Dept.	*Alumni exp date _____
PT Fac./Staff	HSCC/HSDC exp date _____	Class of _____
Military Science	Adjunct exp date _____	*MOA exp date _____
DOC Staff	*Gold Coat exp date _____	Other (explain) _____
Authorized Signature _____		Department _____

*Optional dependent eligibility

For Public Safety Use Only (Copy to Fitness Center Staff)

Date Card Issued/Renewed	# of Cards Issued	Authorized by