

ID Badge Authorization Form

Section A: Department Information

Dept. Contact Name:

Department Name:

Dept. Contact Address:

Fund:

Dept. Contact Phone#:

Department Code:

Select Correct Badge Option:

Badge options that are marked with an asterisk (*) must fill-in the proper Position or Work Number in the following section.

Position / Work #:

The following signature authorizes BG1 Card Services to charge your department for the cost of a Department ID Badge for the employee listed in Section B. An invoice for the charge will be sent to the department contact listed above.

Signature of Budget Administrator

Printed name of Budget Administrator

Section B: Employee Information

Employee Name:

Employee BGSU ID#:

Please bring this completed form and one of the following forms of identification (Driver's License, State Issued ID, Passport, BGSU ID Card, or a Military Issued ID) to :

BG1 Card Services

130 Bowen Thompson Student Union

<http://www.bgsu.edu/bg1card>

Phone: (419) 372-4127

Fax: (419) 372-4364

FOR OFFICE USE ONLY	
Type of ID	Date Produced:
DL	
SID	
PP	Employee Initials:
MID	
BGID	