

SLCC OneCard Special ID Authorization



Please complete all sections below and sign

Please select the one that applies:		
Medical: <input type="checkbox"/> Nursing <input type="checkbox"/> OTA <input type="checkbox"/> Surgical Tech <input type="checkbox"/> Physical Therapy	SLCC: <input type="checkbox"/> Information Technology <input type="checkbox"/> Student Media <input type="checkbox"/> Facilities <input type="checkbox"/> Security	Other: <input type="checkbox"/> Contractor <input type="checkbox"/> Media <input type="checkbox"/> Police <input type="checkbox"/> _____

SLCC S-Number S-

Print Name _____

Preferred Name
(if different) _____

E-mail _____

Home Address _____

Contact Phone () _____

Work Phone
(Faculty/Staff Only) () _____

Student Signature _____

Faculty/Staff Authorization Section	
Faculty/Staff Signature	_____
Printed Name	_____
Date	_____

Must be filled out completely with signature from authorizing faculty or staff member before being presented to the OneCard ID Center - \$5 charge for each Special ID card. For questions contact Campus Card Services at: (801) 957-4063