

Biomedical Communications

PROVIDING EDUCATIONAL, RESEARCH, AND CLINICAL MEDIA SUPPORT

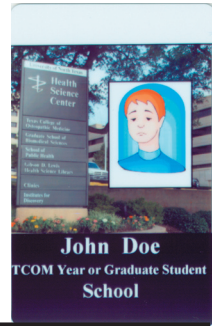
UNTHSC ACCESS/ID CARD REQUEST

Student (New and Replacement - No Changes)

Print Name As Desired on Access/ID Card _____ EMPLID _____ Amount Owed - Card \$20.00 Photo \$5.00

School or TCOM/PA Class _____ Student Box Number _____

Name on file with Registrar _____ Signature _____

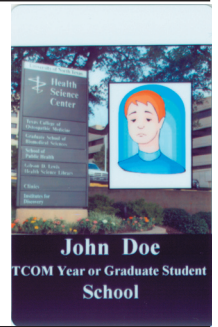


Student (Name or Class Change - Must have Registrar's Signature)

Print Name As Desired on Access/ID Card _____ EMPLID _____ Amount Owed - Card \$20.00 Photo \$5.00

School or TCOM/PA Class _____ Student Box Number _____ Former Name or Class _____

Name on file with Registrar _____ Signature _____

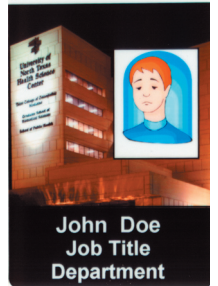


Employee (New and Replacement - No Changes)

Print Name As Desired on Access/ID Card _____ Credentials (DO, PhD, RN, etc) _____ Amount Owed - Card \$20.00 Photo \$5.00

Title _____ Department _____ EMPLID _____

Name on file with Human Resources _____ Signature _____



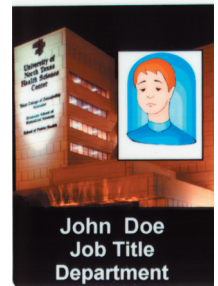
Employee (Name or Title Change - Must have Human Resources Signature)

Print Name As Desired on Access/ID Card _____ Credentials (DO, PhD, RN, etc) _____ Amount Owed - Card \$20.00 Photo \$5.00

Title _____ Department _____ EMPLID _____

Former Name or Title _____ Signature _____

Name on file with Human Resources _____ Human Resources Approval Signature _____



Payment Type:

IDT _____ Account Number _____ Authorized Signature _____

Cash /Check _____ Receipt Number _____ Received By: _____