

## Photo ID Card Request Form

Please Print:		Date:		
Last Name	First Nam	ne	Middle Nar	ne
Name of Company (Contractor	rs or Consultants only )			<u> </u>
-				
Address				
Phone		Date of Birth		Gender M/F
Sponsoring TC Unit/Departm	ent- Signature			
	ID OFF	CE USE ONLY		. – – – – .
Person in BANNER (GPZSIA	<u>(C)?</u> □yes □no			
☐ Entered into DIA- date ente	ered	UNI		
☐ Entered into BANNER (SE	ZDETL) date entered		_	
Access Levels Issued:				
Type of Affiliation (check	x only one):			
	onsultant, contractor or temp i.e. Aramark Staff, Sage D			
TC Library Al	u <b>mni Member</b> – TC Library	y member who is a TC Alu	ımni.	
University Affil	iate – University member of i.e. family member TC Pool Members,	of faculty/family housing,		ent nor an employee.  U Students in TC Housing,
	nort-term campus visitor whactual service. i.e. conference			
Service Technic	cian – Vendor who perform Poland Springs deliver			otis elevator technician, ogies, CARE Security, etc.
Other – please	specify			·