

REQUEST FOR PHOTO IDENTIFICATION BADGEAll information must be completed and have required signatures.**Location:** OSU-CHS Main OSU-CHS Clinic OSUCOM-CN Legacy Tower Hardesty Center**Check One:** Original Issue Lost Badge* Damaged Badge* Change Information Change Access Level
Annual Replacement**Badge Type-Check One:** Staff Faculty Student Student Intern Resident
Contractor Vendor Affiliated Volunteer Temp Worker**(See reverse side of form for ID Card Agreement)****PLEASE PRINT ALL INFORMATION**

Banner/CWID ID NUMBER

DATE OF BIRTH

I. D. BADGE
EXPIRATION DATE

A

		/			/		
--	--	---	--	--	---	--	--

		/			/		
--	--	---	--	--	---	--	--

FIRST NAME

MIDDLE INITIAL

LAST NAME

EMAIL ADDRESS

CELL PHONE #

--	--	--	--	--	--	--	--	--	--

DEPARTMENT

FLOOR #

--	--	--	--

COMPANY NAME (NON-EMPLOYEES)

POSITION/TITLE (EMPLOYEES & NON-EMPLOYEES)

ACCESS AREAS REQUESTED:

CHS Main	Fitness Member	Phoenix Building
Anatomy Athletic Training	Forensics Floor 3	Houston Center
Anatomy Lab TA	Forensics Floor 3-4	Health Care Center
Anatomy Lab Student	Forensics Floor 4	Hardesty (Card Only)
Anatomy Paleo Lab (Manager access Only)	Sims Lab 1 CHS Tandy	Security
Animal Lab (Manager access Only)	Sims Lab 2 CSH Tandy	Legacy Tower
Bookstore/Mail-room	Sims 121 Surgical Tandy	
Compliance	Tandy 4th Floor Conference	
Contractor	Tandy Reboot or VR	
Housekeeping	TPD access	
OB South	M.E. Office	
CHS IT	Physical Plant	

Signature of ID Applicant

Printed Name of Dept. Mgr. or Designated Mgr.

Date

Signature of Dept. Mgr. or Designated Mgr.

TO BE COMPLETED BY OSU SECURITY DEPT:

DATE: _____ BADGE# _____

DATE: _____ Phone Number _____

OFFICER SIGNATURE _____

Retained on file & while current

NOTE: EXPIRATION DATE WILL BE ONE (1) YEAR FROM NEXT ISSUE DATE. ALL EXPIRED
BADGES WILL BE DEACTIVATED ON OR AFTER EXPIRATION DATE



ID Card Agreement Form

Please print your Name and BannerID below, then sign and date the form at the bottom

Name: _____

OSU Banner ID: A _____

Terms and Conditions

All individuals requesting an OSU ID Card must complete and sign an ID Card Agreement form. **Completion of this form constitutes an acknowledgment of the cardholder’s rights and responsibilities with respect to their official university identification card as well as rights and responsibilities with respect to the Computer Account and Use Policy Notice and Agreement below.**

The OSU ID Card is the property of Oklahoma State University and is non-transferable. It should be carried at all times and presented to University officials upon request. Unauthorized use warrants confiscation and/or disciplinary action. Your card should not be surrendered to anyone except department manager or the CHS Security Department. Information Technology is not liable for financial loss of criminal repercussions associated with lost, stolen, damaged or fraudulently used cards.

OSU ID Card General Policies

Your first card is issued at no cost to you. If this card, or subsequent cards are lost, stolen or mutilated you will be charged **\$10.00*** for the replacement cost of a new card. **Protect your card since it can be used to gain access to some restricted areas.** It is the responsibility of the cardholder to report a lost or stolen card immediately! To report a lost or stolen OSU ID Card, call **918-561-1234** as soon as possible. If your card is lost, you will need to have another made with a new issue date and card number. This new card number deactivates the lost card. Do not try to use an ID Card that has been reported as lost or stolen! Your OSU ID Card does expire yearly to help maintain updated Id Photos and contact information. If you leave the University, you should return your OSU ID Card to the CHS Security Department. Individuals who return to OSU may be charged a replacement fee if their break in services has been less than one year.

By signing this agreement, you are indicating you will read and abide by all policies with regard to the use of your OSU ID Card. Policies and procedures are posted on the IT website at <http://it.okstate.edu>.

Computer Account and Use Policy Notice and Agreement

As a member of the Oklahoma State University (OSU) community, I agree to and understand the following: I understand that access to university computer facilities is a privilege, and may be revoked at any time without notice at the sole discretion of the OSU Chief Information Officer or his/her authorized representatives. I declare that I shall read and abide by all policies and procedures as indicated on the IT website at <http://it.okstate.edu/policies> and it is my responsibility to keep myself fully cognizant of and aware of these policies. Such a responsibility also includes seeking clarifications from the appropriate authorities in case of doubt or ambiguity.

Signature _____ Date _____

ANY QUESTIONS YOU HAVE REGARDING ID BADGES.

PLEASE CALL OSU-CHS SECURITY DEPARTMENT AT **918-561-1234 FOR ASSISTANCE.**

***Replacement ID cost should be paid at the CHS Bursar Office.**