



Faculty/Staff/Student/Others Form

MUST BRING PICTURE ID (Driver's License, Passport, etc.)

DO NOT INCLUDE UIN

Please Type or Print

Date: _____

Name: _____

Title: _____

Department: _____

Dept. Phone Number: _____

Dept. Billing Account Number: _____ OR EMPLOYEE PAYS: Yes _____

Building Access: ___ Reynolds ___ SRPH ___ Connally ___ Temple
___ HPEB ___ MREB ___ Clinical Building 1

Dept. Contact Person for Billing: _____

Dept. Phone Number: _____ Mail Stop: _____

(This person will be called if we have a problem with your ID.)

Signature of Supervisor _____

Verifying full-time employment, student, guest, contractor or consultant

Photo Release:

Photographs taken of me by the staff of Texas A&M Health Science Center Marketing and Communications, may be used for any purpose, including, but not limited to, usage on institutional websites, exhibition, display, illustration, publication, trade and/or advertising.

Signature of Faculty/Staff/Student: _____

<i>Please check one:</i>		
COM _____	COM Round Rock _____	COM Temple _____
HSC _____	CON _____	CON Round Rock _____
SRPH _____	SRPH Austin _____	SRPH McAllen _____
Photo ID only (swipe)	(\$6.00)	_____
Laminated ID badge w/lanyard & pouch	(\$8.00)	_____
Lanyard	(\$0.75)	_____
Pouch	(\$0.75)	_____
Total amount due		_____
<i>(plus tax if applicable)</i>		