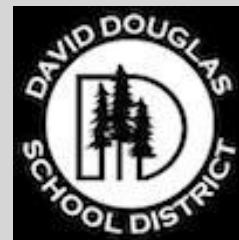


Authorization to Issue I.D. Badge and/or Email Accounts



Name of person to receive I.D. badge

Will person need district ID badge? If not
please skip to bottom of form.

Yes No

What program will this person be working for?

Will person need alarm code?

Yes No

What job function will this person be doing?

Will the person need building secure access
card?

Yes No

Start date of job assignment

Will person need multiple building access?

Yes No

End date of job assignment

Which buildings if multiple?

Administrator's Name

Completed Criminal Background Check

Will they need SYNERGY Access?

Initials of Background checker

Yes No

Background check completed by outside agency

Which agency?

Will this person need email? Yes No

Does this person have a preferred name for their email? Yes

If yes, what name?

Signature of Administrator
