



Sports and Fitness

### UHD ID Card Request Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UHD ID Number (900 Number): \_\_\_\_\_  
(NOT Employee ID Number)

Classification: \_\_\_\_\_

Department Name \_\_\_\_\_


Supervisor Name: \_\_\_\_\_

Supervisor Office Phone Number: \_\_\_\_\_

Expiration Date of ID if Temporary: \_\_\_\_\_  
(Student staff expires at end of each semester)

This form submitted by: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

<i>Department of Sports and Fitness Use Only</i>	
Approval/email confirmation sent	
Date:	
Date ID is Created:	Line 1:
Receipt #, <i>if applicable</i> :	Line 2:
Sports & Fitness Staff:	Last Name First Name <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">             PHOTO           </div>
	(if required) Expiration Date:

Signature of Cardholder  
I have received my UHD ID card: \_\_\_\_\_