



SIUC Identification Office

Departmental Payment for Faculty/Staff Identification Card Request

Complete this form to obtain a faculty/staff ID. Form must be signed by appropriate Fiscal Officer or Fiscal Officer Delegate prior to an identification card being issued. Grants Accounting must approve for grant budget purposes. New faculty/staff IDs are \$15. Replacement/upgraded faculty/staff IDs are \$30.

Date _____

Employee Information (for more than 5 employees, please complete page 2)	
Name (Last, First, MI)	_____
Dawgtag #	_____
Digital Photo Upload <input type="checkbox"/>	Existing Photo <input type="checkbox"/>

Departmental Account Information	
Department/School	_____
Contact Person	_____
Contact Phone	_____
Budget Purpose	_____
Budget Purpose Description	_____
Fiscal Officer/Delegate Approval*	_____
Grants Accounting Approval (for Grant BPs)	_____

**Signature indicates approval of payment via Internal Billing.*

ID Office Use Only	
Identification Card Issued	_____
New <input type="checkbox"/>	Replacement <input type="checkbox"/>

Date Picked-Up	_____
Employee Signature	_____

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Page 2

For orders of 5 or more identification cards, please complete the below fields.

If less than 5 identification cards are requested, please complete page 1 for each individual.

Requesting Department _____

Authorized Pick-Up _____

Dawg Tag	Last Name	First Name	Digital Photo Upload	Existing Photo

Authorized ID Card Pick-up: I acknowledge that as the authorized individual picking up cards, I am responsible for the distribution of these cards to the appropriate individuals. By picking-up these cards, the ID Office is no longer liable for these cards.

Print Name

Signature (to be signed when cards picked-up)

Date