ID ACCESS REQUEST FORM											
den stud with	Dallas Office of Infor y access to campus b lent/faculty/staff ID r nin 24 to 48 hours of s is://www.untdallas.e	SCAN and EMAIL Form To: <u>OneCard@untdallas.edu</u> COPY: <u>Helpdesk@untdallas.edu</u> Phone: 214-571-2417									
Fir	st Name:	Last Name:					MI:				
ΕN	1PLID #:	Faculty Staff S			Student	Other					
ID	Holder Phone:	ID Holder Email:									
	<b>quest Access T</b> cribe Access - Option	Completed By:									
	Building Name	Room Number	Date Requested	Authorizing Signatur (Dept. Head, Dean, Dept. Ch		Sign [	Date	EUID	Date		
1											
2											
3											
4											
5											
		Authorizer Email									
Note: All of the Above Information is Required											
Important Notice! All ID's are the property of the University and shall not be loaned, borrowed or transferred without approval. ID's lost or stolen shall be reported to Office of Information Technology and UNTD Police as soon as possible.											
ID Badge AGREEMENT											
By my signature below, I agree to all the following terms:											
1. The ID described here remains the property of the State of Texas and UNT Dallas.											
2. This ID is entrusted to me for my exclusive use. I will not duplicate it, loan it, exchange it, or otherwise allow its use or											
possession by any other person. 3. I will report its loss, theft or destruction immediately to my department supervisor, UNTD Police, and the Office of											
Information Technology.											
4. When I terminate employment or no longer need this ID, or upon demand from UNTD I will return it promptly, in											
person, and ONLY to the One Card Administrator or the Police Supervisor.											
ID Holder's Signature:									Date:		
									Date.		
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