

Jagtag/School of Medicine ID Card Expense Authorization Form

This form is only to be used for departments opting to pay for the expense associated with obtaining a Jagtag/School of Medicine identification card for employees, students or affiliates to the IUPUI campus. Affiliates are defined as non IU paid employees such as IU Health, visiting scholars, volunteers, etc. Departments requesting a Jagtag/School of Medicine ID for an affiliate must also submit the request on departmental letterhead.

This form **cannot** be used as verification of enrollment, employment or University affiliation. Employees must be approved in the HRMS system and students must be registered for classes before a Jagtag/School of Medicine ID will be issued. Employee status may be checked on the Jagtag website at www.jagtag.iupui.edu.

***Please have employee bring this completed form AND a valid photo ID to
Campus Card Services, Campus Center #217.***

Student/Employee/Affiliate Name: _____

Credentials **required** to be printed on ID card: ☐ MD ☐ PhD ☐ RN ☐ DO ☐ DDS

UID (10 digit University ID #): _____

Department/School: _____
(please list school/department **exactly** as you would like it to appear on the ID card)

Campus/Billing Address: _____

Contact Name: _____ Phone #: _____

Charges: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> IUPUI Jagtag - \$15 | <input type="checkbox"/> Clip - \$.50 |
| <input type="checkbox"/> IUPUI Jagtag Prox Card - \$20 | <input type="checkbox"/> Retractable Clip - \$3 |
| <input type="checkbox"/> IU School of Medicine Prox Jagtag - \$20 | <input type="checkbox"/> Lanyard - \$1.50 |
| <input type="checkbox"/> Replacement ID - \$25 | <input type="checkbox"/> Jaguar Lanyard - \$3 |
| <input type="checkbox"/> Specialty Card (please list type): _____ | <input type="checkbox"/> E-Z Slide w/lanyard- \$3 |

I authorize Campus Card Services to charge the following account number for the item(s) checked above.

Account #: _____

Object Code: 4205

Signature (Fiscal Officer)

Date

Name Printed (Fiscal Officer)

Phone #: _____

Should you have questions or need additional information, please contact Campus Card Services at 274-5177.