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)

□ IUPUI Jagtag - $15  □ Clip - $.50
□ IUPUI Jagtag Prox Card - $20  □ Retractable Clip - $3
□ IU School of Medicine Prox Jagtag - $20  □ Lanyard - $1.50
□ Replacement ID - $25  □ Jaguar Lanyard - $3
□ Specialty Card (please list type):_______________________________________  □ 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.