

Gonzaga University Campus Card Services Authorization Form

1. Recipient Information DO NOT DUPLICATE OR EMAIL COMPLETED FORM ALL SIGNATURES MUST BE ORIGINAL

Legal Name: Please print in blue or black ink

Today's Date

Last	First	Full Middle
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GU ID Number: if not issued complete all fields	Social Security Number:	Date of Birth:
_____	____ - ____ - ____ <small>If GU ID number entered proceed to number 2.</small>	____ / ____ / ____ <small>Month Date Year</small>

Mailing Address:

Street Address, Apt. No, or PO Box			
City	State	Postal Code	Country

E-Mail Address:	Home Phone:	Cell Phone:
_____	(____) _____	(____) _____

2. Status of Recipient select one

Z A G C A R D - burgundy stripe

Z A G C A R D - teal stripe

Z A G C A R D - yellow stripe

GU Faculty and Staff

- Faculty
- Adjunct Faculty
- Emeriti
- Staff
- Visiting Scholar/ Temporary Employee
- Graduate Assistant/Intern
- ROTC / Military Science

FITNESS CENTER CARD

Spouse/Dependant of:

- Visiting Jesuit
Expiration date: _____
- Guest of Athletics Dept.
Expiration date: _____

Affiliates NOT EMPLOYED BY GU

- Volunteer Americorps w/ fit ctr access
- Intern / H&C Psych Res
- Other: _____

Dept: _____

Expires: _____

DEPARTMENT BADGE

- First Issue
 - Replacement paid by department
- Fund Org Acct
- Replacement paid by employee

Vendors: permanent on campus

- Zag Dining First Replacement
- IMG Anthony Travel First Issue
- US Bank Staff First Issue
- Thomas Hammer initials _____
- Zag Shop Staff First Issue
- Other: _____

ZAGCARD - white stripe

UW Faculty and Staff

- UW Faculty/Staff - first issue
- UW F/S Replacement paid by UW

VENDOR BADGE - solid yellow fixed term issuance

Contractor/Vendor Company Name: _____

Issue date: _____

Expiration date: _____ Door access needed: _____

Budget Information Vendor ID \$5.00 Vendor ID with door access \$10.00

Fund Org Acct

3. Department Authorization

This section MUST be completed by Human Resources **OR** AVP's Office **OR** Dean's Office **OR** authorized department representative.

Human Resources Approval - for card issued to Staff, ROTC Staff, Affiliates, Graduate Assistant/Intern, H&C Psych Res, Temp Staff

Print Name and Title	Signature and Date	Extension	E-mail address gonzaga.edu
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AVP or Dean's Office Approval - for card issued to Emeriti Faculty, Faculty, Adjunct Faculty, Visiting Scholar

Print Name and Title	Signature and Date	Extension	E-mail address gonzaga.edu
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Dept. Approval - for UW, Dept. Badge, Fitness Ctr, All Vendor ZAGCARDs or badges, Trustee

Print Name and Title	Signature and Date	Extension	E-mail address gonzaga.edu
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4. Recipient Signature · My signature indicates I agree to the terms and conditions governing the use of the Gonzaga University issued card. All replacement cards are subject to the replacement fee. For details visit www.gonzaga.edu/zagcard.

Print Name and Title	Signature and Date
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Bring a government issued photo ID when presenting this form to the Student Accounts Office located in 024 College Hall.

Hours: Monday - Friday 9:00am - 4:30pm

Processed by: _____	date: _____
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