

## Auraria Campus ID Authorization/Charge Form

**AHEC      AELC      AHEC Vendor      CCD      MSU      CU**

**CARDHOLDER NAME:**

**ID NUMBER:**  (MSU Denver: 900#. CCD: S#. CU Denver: Student/Staff ID#. AHEC: Position#)  
*Social Security Numbers Not Accepted*

**TITLE:**

**DEPARTMENT:**

**DIVISION:**

**ACCOUNT #:**  **(REQUIRED FOR ALL CHARGES)**  
*ALL Smart Cards including replacements are \$24.*

*Please check the appropriate categories:*

Faculty <input type="checkbox"/>	Staff <input type="checkbox"/>	Student <input type="checkbox"/>
Executive <input type="checkbox"/>	Contractor <input type="checkbox"/>	Employee <input type="checkbox"/>
Full-Time	Part -Time	Temporary
Charge Department <input type="checkbox"/>		Employee will pay

<b>MSU Denver Accounts</b>	
F _____	fund
O _____	org
A _____	acct
P _____	prog
A _____	act
(if applicable)	

The following must be presented for an ID card:

- This Authorization/Charge form
- Valid picture ID
- All ID's require an ID Number issued by the institution
- A valid account number (for anycharges)

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR AHEC ID CENTER USE ONLY</b>
Prepared by: _____
Date: _____