

Auraria Campus ID Authorization/Charge Form

AHEC **CCD** **MSCD** **UCD** **Spring Int'l**

Cardholder Name:

ID Number: (MSCD: 900# / AHEC: Position# / CCD: S# / UCD: Student/Staff ID#)
Social Security Numbers Not Accepted

Department:

Account #: **(REQUIRED FOR ALL CHARGES)**
ID charge is \$10

Please check the appropriate categories:

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

Metro State Accounts	
F _____	fund
O _____	org
A _____	acct
P _____	prog
A _____	act
<small>(if applicable)</small>	

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 any charges)**

Cardholder Signature: _____ Date: _____

Authorizing Signature: _____ Date: _____



**STUDENT &
AUXILIARY
SERVICES**

Auraria Campus