

# COPIER BADGE REQUEST

FOR SCCOE SITES ONLY

Date:\_\_\_\_\_

Applicant Name:\_\_\_\_\_

Applicant Hire Date:\_\_\_\_\_

Department:\_\_\_\_\_

Replacement for Lost Card

New

My signature below indicates I fully understand that I am responsible for collecting the access card upon the employee's termination or upon the completion of a substitute/contractor assignment. I fully understand that I am responsible for returning the access card to my department within 72 hours.

Signature of Applicant\_\_\_\_\_

Keycode or Cost Center **(Required)**:

(\$1.75 will be charged to the cost center.)

Pick Up (Print Services Department)

PONY/Mail:

Location	
Address	
City	
State	
Zip	
Mail Code	

Send signed original to [print\\_services@sccoe.org](mailto:print_services@sccoe.org)

<i>Print Services Use Only</i>	
Card#	_____
Date:	_____
Number of Badges:	_____