

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 Print Services Department within 72 hours.

Signature of Applicant _____

Signature of department head/Supervisor _____

Pick Up (Print Services Department)

ONY/Mail:

Location	
Address	
City	
State	
Zip	
Mail Code	

Send signed original to print_services@sccoe.org

Print Services Use Only

Card# _____

Date: _____

Number of Badges: _____