

# Aggie Card Office Faculty/Staff/Retiree I.D. Form

(Please Type)

**Must bring picture I.D. (Drivers license, passport, etc.)**

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

**(Form expires 30 days from issued date)**

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

UIN: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

**Expiration Date: (must be provided for visitor/guest)** \_\_\_\_\_

Employee Phone #: \_\_\_\_\_

Billing Account Number: **(Fill in appropriate account number)**

| Part #    | Account # | Part #            | Account # |
|-----------|-----------|-------------------|-----------|
| TAMU=02   |           | TEEX=09           |           |
| HSC=23    |           | Forest Science=11 |           |
| TAR=06    |           | TTI=12            |           |
| TAE=07    |           | Research Found=99 |           |
| TEES=08   |           | TVMDL=20          |           |
| System=01 |           | Employee Pays=    |           |

Contact person for billing: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mail Code: \_\_\_\_\_

**(This person will be called if we have a problem with your account)**

Signature of supervisor verifying full-time employment, retiring staff, guest, contractor or consultant, other:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Bring this form to Suite 2801, GSC-General Services Complex (Aggie Card Office)  
(Info & Government Photo ID must be provided before your card will be made)**

Privacy Notice: State law requires that you be informed of the following: (1) You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive that information; and (3) you are entitled to have the information corrected at no charge to you.