

REECE SCHOOL : AUTHORIZATION FORM



Today's Date: _____ Check Applicable Box:

Full Name: _____

Department / Program Affiliation: _____

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____

Current Employee: Initial Badge ID	
Replacement Badge ID	
New Employee	
Student: Fall Interns	
Spring Interns	
Summer Interns	
Reece:	
Contract Worker	
Volunteer	
Board Members	

*****INTERNAL USE ONLY*****

ID CARD ISSUED DATE: _____ BADGE ID#: _____

ID CARD PICK-UP DATE: _____ ID CARD WAS GIVEN BY: _____

TOTAL FEE AMOUNT COLLECTED: _____

Employee/ Student/ Volunteer/ Contract Workers Signature: _____

Badge ID card cannot be transferred to a different person as such, a volunteer, another student, employee, parent, volunteer or contracted worker. Any individual found to be in violation of these guideline standards will be penalize and risk immediate dismissal from the Heckscher Building.