



Authorization for Affiliate Card
E234 Student Union
775-5542 (p)
775-5557 (f)



This form should be filled out if someone is affiliated with your department/organization and needs to have a Wright1 Card issued for any reason. The cost for affiliate cards is \$5. Please print or type.

Cardholder Information

_____	_____	_____
Last Name	First Name	MI

UID (If Applicable)		
_____	_____	
Signature	Date	

Department Information

_____	_____	_____
Department Name	Location	Phone Number

Will the Department be covering the cost of the card?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
If yes, please include:			
_____	_____	739800	_____
Fund	Org	Account	Program

_____	_____
Authorizing Person	Phone Number
_____	_____
Authorizing Signature	Date