



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 |
| _____ | | |
| School of Medicine | | |
| Cardholder Classification (Affiliate or Faculty) | | |

| | | | |
|---|-------|---------|---------|
| Will the Department pay 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 |