

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

**TO:** DownstateCard Office

**SUBJECT:** Authorization for DownstateCard to be Issued.

Pease issue a DownstateCard to the following individual:

1. Social Security #: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Last First Middle Initial
3. Degree: (single highest degree if applicable MD, PhD, RN). If the program coordinator reports a degree, the program coordinator is responsible for having verified the degree) \_\_\_\_\_
4. Title: \_\_\_\_\_
5. Department: \_\_\_\_\_

**Directory info:** (if the person has a specific fixed work site, use that information; otherwise use the program coordinator's location information)

6. Building: \_\_\_\_\_
7. Floor/Room#: \_\_\_\_\_
8. Campus phone#: \_\_\_\_\_
9. Mail Box #: \_\_\_\_\_
10. Expiration date: (maximum of 1 year) \_\_\_\_\_  
Month Day Year

- Do not use this form for State PAID or UNPAID employee. Form should be obtained from Department of Human Resources (151 E 34<sup>th</sup> Street).
- Do not use this form for Official PAID RF employee. Form should be obtained from Research Administration (151 E 34<sup>th</sup> Street).

- [ ] A. Is an employee of the following affiliated organization or program:  
Specify affiliated organization or program name: \_\_\_\_\_
- [ ] B. Is a member or enrollee of the following affiliated category or program  
Specify program name (if RF, include Grant#): \_\_\_\_\_
- [ ] C. Is a Contractor, Vendor, Consultant of the following company:  
Specify company name: \_\_\_\_\_  
Being paid from the following source (if RF, include Grant#): \_\_\_\_\_

**I understand and accept the responsibilities associated with cancellation of this authorization and collection / return of the persons DownstateCard upon the person's separation.**

**Program coordinator's Name & Title (Please Print):**

\_\_\_\_\_

**Program coordinator's signature:**

\_\_\_\_\_

Please Print/Copy on requesting department's letterhead. Please refer to the card policies at [www.Downstate.edu/downstatecard](http://www.Downstate.edu/downstatecard)

The DownstateCard Office is located at 825 New York Ave Residence Hall, Room 105 (enter through 811NYA)