Police Badge Authorization Form

Section A: Department Information

Date:

Department Name:

Fund:

Department Code:

Department Contact:

Department Contact Phone:

_____
Signature of Budget Administrator

_____
Printed name of Budget Administrator

Section B: Employee Information

Employee Name:

Employee BGSU ID#:

Height:

Weight:

Hair Color:

Eye Color:

Blood Type:

Date of Birth:

Rank:

**Please bring this completed form and one of the following forms of identification
(Driver's License, State Issued ID, Passport, BGSU ID Card, or a Military Issued ID) to :**

BG1 PLUS
112A Bowen Thompson Student Union
http://www.bgsu.edu/bg1card
Phone: (419) 372-4127
Fax: (419) 372-4364

FOR OFFICE USE ONLY	
Type of ID	
DL	Date Produced:
SID	
PP	
MID	Employee Initials:
BGID	

Last Updated 07/05/2011