

The University of Texas Health Science Center at San Antonio  
University Police Department

**CONTRACTORS & VENDORS ID REQUEST FORM**

**TO BE COMPLETED BY THE REQUESTING DEPARTMENT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Contact Phone No.: \_\_\_\_\_  
Current Employer (if employed): \_\_\_\_\_  
Effective Date of Action: \_\_\_\_\_ Expected Date of Termination \_\_\_\_\_

There is a \$10 deposit required to obtain a university ID. If you are required to have the ID for less than two (2) weeks, you will receive a complete refund upon returning the ID. If you are required to have an ID for over two (2) weeks, you will be refunded \$8.

\_\_\_\_\_  
Department Requestor's Name Phone Number  
\_\_\_\_\_  
Signature of Department Chair or Director Date

**FOR UNIVERSITY POLICE ONLY**

Background Checks complete Date: \_\_\_\_\_  Approved for ID  Not approved for ID  
UTPD Rep Initials: \_\_\_\_\_  
Notes: