

AUTHORIZATION FOR TRINITY UNIVERSITY SERVICES

This form is to be completed by individuals affiliated with Trinity University other than Trinity students and employees.

SECTION 1 This section should be completed by the individual requesting services.

AFFILIATION WITH TRINITY UNIVERSITY _____

Legal Last Name _____

Legal First Name _____ Middle Initial _____

Preferred Last Name _____

Preferred First Name _____ Middle Initial _____

Social Security Number _____ Birthdate: ____/____/____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Birth Date ____/____/____

Signature Date _____

SECTION 2 This section will be completed by the office indicated above.

Date entered: _____ By: _____ Datatel ID Number: _____

SECTION 3 Please check the services that the individual named above is approved to receive.

ID card Library Bell Center IT Account

Justification for each service checked:

Begin Date: _____ **End Date:** _____

Recommended by: _____ **Date:** _____

Approved By: _____ **Date:** _____
President or Vice President