

# SLCC OneCard Medical ID Authorization



Please complete all sections below and sign

Please select the one that applies:

- Nursing    OTA    Surgical Tech    Physical Therapy    Respiratory Therapy    \_\_\_\_\_

SLCC S-Number S- \_\_\_\_\_

Print Name \_\_\_\_\_

Student Signature \_\_\_\_\_

## Faculty/Staff Authorization Section

Faculty/Staff  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Index Code \_\_\_\_\_

Must be filled out completely with signature from authorizing faculty or staff member before being presented to the OneCard ID Center - \$10 charge for each Special ID card. For questions contact Campus Card Services at: (801) 957-4063

Rev. 08/2021