

Child Care Protection ID Authorization Form

*****PLEASE PRINT CLEARLY*****

Name: _____

ID Number: 800 ____ - ____

Title (Director, Assistant, Leader): _____

Program Name: _____

Program Dates: Start: _____ End: _____

Billing Account # _____

Department: _____

Contact Person: _____

Campus Extension: _____

- This ID card needs to be visible at all times and kept in the lanyard provided.
- This ID card is only valid for the dates and camp listed on the card.
- This ID card needs to be surrendered to the Department at the conclusion of the camp.

By signing this form I am agreeing to the terms and condition stated above.

Signature: _____

Date: _____

*****Human Resources Use Only*****

By signing this form I am verifying that this person has been approved through all necessary procedures.

Human Resources Signature: _____

Date: _____

____ Faculty ____ Staff ____ Student ____ Other

*****CobyCard Office Use Only*****

CobyCard Assistant Signature: _____

Date: _____