

Staff Verification

In the event one of four accepted forms of photo identification are not available to a faculty or staff member when a new or replacement KUID (KU Card) is needed, the following information will be provided to the KU Card Center as a means of verifying the identity of an individual so that a KU Card can be issued.

_____ appeared before me this _____ day of _____,
Name of individual (please print) Month

Year

SSN (last 4 digits): _ _ _ _

I have witnessed the following signature and confirm it to be that of the individual appearing before me.

Employee Signature

I have also compared the photo on file to this individual and confirm a match.

Authorizing Signature - Payroll Office

Date

staffverify.doc
10/11/01

Please fax this form to the KU Card Center, Level 4, Kansas Union.
4-5842

KU Card issued: _____
Date

Card Center Employee: _____