



Photo Identification Card Request
(Please Print Clearly)

Date: _____

First Name: _____ **Middle Initial** _____ **Last Name** _____

Employee ID: _____

Job Title: _____

Department: _____

Office Phone #: _____

Areas of Access: _____

Approved by: _____
Department Manager (Please print)

Department Manager (signature):

For the New College Building, you may fax your request to:
Alicia Ruise at: (215)762-1150
Photo ID Hours are: Mon. thru Fri. 8:00 a.m. - 5:00 p.m.
Room 1608

For the Queen Lane Campus, you may fax your request to:
Ryan Taylor at: (215) 991-8138
Photo ID Hours are: Mon. – Fri. 8:00 a.m. – 5:00 p.m.

FOR PHOTO ID OFFICE USE ONLY
Drexel University Code: _____
Card Code Number: _____