



Copy Center Employee ID Usage Form

Employee's Name		Contact Number	- -
School/Department		Contact Number	- -
Employee ID#		Date:	/ /

I, _____ have knowingly provided my personal employee identification information to _____ in order to complete the request indicated below in the RPS Copy Center:

I understand that the use of my personal identifiable information will only be used for this request; any other use of this information is not authorized and the Copy Center shall not be held liable for any inappropriate use of this information.

Employee's Signature:	Date:	/ /
-----------------------	-------	-----

Special/Important Instructions:

Approval Signature:	Date:	/ /
---------------------	-------	-----