UT DALLAS
Comet Center
972-883-2495

COMET CARD

REQUEST FOR FACULTY/STAFF CARD
(Please Print)

Please issue a Comet Card.

Select one: ◯ **Staff** ◯ **Faculty**

◯ **Select here if enrolled in current semester.**

Name (Print) : _____ _____ _____
(Last) **(First)** **(MI)**

UTD-ID#: _____

Appointment/Start Date: _____

Cost Center to be Charged:#_____ **-69022**

Amount to be Charged: $10.00

Authorized By: _____ _____
(print name) **(title)**

_____
(signature)

Date:_____

Dept. Mail Code: _____

Dept. Ext. #:_____

*** Note: Employee must be in the HR System to receive a Comet Card.**

Privacy Act: *With few exceptions, you are entitled on your request to be informed about the information U. T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U. T. Dallas correct information about you that is held by us and that is incorrect.*

Disclosure of your Social Security number (SSN) or UTD Identification number is requested because it is a unique identification number which is maintained for the purpose of correctly identifying, retrieving, and tracking cardholders. The disclosure of such information is voluntary. Disclosure of your Social Security number or UTD Identification number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).