Guest Access Identity Verification

The University of Texas Health Science Center at Houston

Last Name: _____
First Name: _____
Middle Initial: _____
UTHSC-H Sponsor's Name: _____
Department: _____

I request "guest" a digital identity credential issued by The University of Texas Health Science Center at Houston (UTHSC-H) in order to access certain non-public, UTHSC-H information resources. In accordance with the requirements for "guest" access, I have read the Information Resources Security Manual and will sign the Information Resources Security: Acknowledgement Form in the presence of a Notary. I have also presented the Notary **only one** of the following valid, current primary Government Picture ID that contains my picture.

Driver's License	_____	_____	_____
	State	Number	Expiration Date
Passport	_____	_____	_____
	Country	Number	Expiration Date

I further understand that I will be listed in the university directory service as a guest if I will have non-public access to any university information resources.

Signature: _____
Address: _____
_____
Date: _____

STATE OF _____
COUNTY OF _____

Before me, _____, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ___ day of ___, 2007

_____