

LANGSTON UNIVERSITY  
OFFICE OF HUMAN RESOURCES  
**Request for Identification Card**

Replacement/Duplicate \_\_\_\_\_

New Employee \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF EMPLOYEE \_\_\_\_\_

CWID# \_\_\_\_\_

DIVISION/DEPARTMENT & TITLE \_\_\_\_\_

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\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
SIGNATURE OF HR EMPLOYEE ISSUING ID