



AUTHORIZATION OF PICTURE ID FORM

ORIGINAL ID

REPLACEMENT ID

ID replacement Fee: \$ _____

Other (explain): _____

Last Name _____

First Name _____

Employee ID Number _____

Department _____

Position _____

Start Date _____

Employee's Signature:

Date

Human Resources Approval:

Date

Replacement Fee Received:

Amount: \$ _____

Date: _____

Name, Title

Signature

DOWNTOWN BROOKLYN

81 Willoughby Street
Brooklyn, NY 11201
Tel.: 718 - 522-9073

MIDTOWN MANHATTAN

1293 Broadway/One Herald Center
New York, NY 10001
Tel.: 212-672-6450

NORTH MIAMI BEACH

3909 N.E. 163rd Street
North Miami Beach, FL 33160
Tel.: 786-279-1740