





## LFM AUTHORIZATION ID APPLICATION REQUEST FORM

(for other than direct family members)

Valid only if signed by the requesting parents:

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Date of request :	(dd/mm/yy)	
	Authorization ID requested for :	
Family name :	(employee or family member)	
First name & Nickname :	(employee or family member)	
Affiliation to family :	(employee or family member)	
Signature of applicant :		
	(employee or family member)	
	Authorization ID requested by:	
Parents family name &		
signature:	(Full name & signature of parent)	
Student name & class :	(Full name of student)	
Student name & class :	(Full name of student)	
Student name & class :	(Full name of student)	
Student name & class :	(Full name of student)	

## **DISCLAMER:**

This card serves as a gate pass to enter the EUROCAMPUS premises and should be carried at all times.

It is the property of EIS, the policies and procedures of the EIS govern its use.

This card is NOT TRANSFERABLE.

The school is not responsible for any loss or expenses resulting from the loss, theft or misuse of this card. A replacement fee will be charged if this card is lost, damaged or stolen.

## **IMPORTANT NOTE:**

This gate pass will only be valid if the person in favor of whom it is requested is still at the service or connected to the requestor.

It is the responsibility of the requesting family to <u>notify the school</u>, whenever the holder of this card is terminated (in case of employment), and the school cannot be held liable for any problem arising from the misuse of this card.