

LOST ID CARD **REPLACEMENT REQUEST FORM**

DATE: _____

REPLACEMENT REQUESTED FOR:

ID CARD ROOM KEY Student Faculty / Staff

New ID # ______(Office Use Only)

The fee for each lost ID is \$10. This statement serves as notification that your student or department account will be billed \$10 for each replacement ID that you request. The Office of Facilities Management sends a weekly report of lost IDs and room keys to the Director of Student Accounts who then applies the fee to the appropriate student account. The replacement fee will appear in your bill as a miscellaneous fee. The Office of Facilities Management is not able to accept cash, credit, check or any other form of payment for lost IDs and keys.

*****	***********************	*******	********

NAME (print first and last name):	EMAIL ADDRESS:
SIGNATURE:	SCHOOL / DEPARTMENT:

OFFICE USE ONLY

RECEIVED BY: (print first and last name)
DATE:
ISSUED BY SIGNATURE: