

ID Card Replacement Form

Name (print) _____

ID # _____ Date _____

Major _____

Reason ID Card must be replaced:

I understand that by signing this form, my account will be billed for the appropriate amount for a new ID card. I am responsible for returning my old ID card if found. I also understand that any lost, stolen or damaged ID cards that are not returned will be deactivated. I further understand that I will not be granted entrance to AiPH facilities with the old ID card.

Student Signature _____

Registrar/Accounting Use Only:

Received By: _____ \$10 Fee Paid: _____

Status/Data Check: _____ Processed By: _____