Campus Card Identification Request/Change Form
Student Services Center, 3rd floor, Suite 354A   TEL: 858-534-6606 FAX 858-822-2314
EMAIL: campuscards@ucsd.edu
M/TU/W/F 8:00am-4:30pm           TH 10:00am-4:30pm

Instructions: Authorizing Department completes this form on behalf of the applicant. Applicant MUST present valid form of identification to receive Campus Card.

Request for:
Last Name                  First Name            Middle Initial

Employment Information:

<table>
<thead>
<tr>
<th>Employee Number</th>
<th>Department</th>
<th>Start Date</th>
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Reason for Request (select one)

- First Card
- Department Change
- Name Change
- Lost
- Stolen
- Damaged

Employee Classification (Select ONLY ONE category)

- Academic
  - Post-Doc
- Staff
- UC –Retiree
  - Lifetime

OR

Affiliate Classification (Non-Employees - Select ONLY ONE category)

- Visiting Undergraduate
- Visiting Graduate
- Visiting Scholar
- Clergy
- Volunteer
- Industrial/Contractor
- Family

UCSD Employee ID # _____________________________ Department _____________________________

Affiliate Number (number generated by card office)

#/#/#/#/#/#/#/#/#/#/#/#/# End date: ____________________

I certify that the data contained on this form is accurate and correct.

Applicant Signature: ____________________________________________________________
(Must be signed in presence of Campus Card Official) Date

Authorized Person Signature Printed Name Date Phone Ext.

- Department Budget Index  ___/___/___/___/___/___/___ OR  $15.00 CASH Payment
  (Must pay at Central Cashier’s Office first - located on 1st floor, Suite 170)

CC OFFICE ONLY:
Verification of Dept Signature __________ Date __________ Staff Initials ________________
Verification of ID □ Driver’s License □ Passport □ Other ________________