



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: Employee Number Department Start Date

Reason for Request (select one)

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

Employee Classification (Select ONLY ONE category) Questions? Please call 858-534-6606
Academic (Post-Doc), Staff, UC -Retiree (Lifetime)

OR

Affiliate Classification (Non-Employees - Select ONLY ONE category) Questions? Please call 858-534-6606
Visiting Undergraduate, Visiting Graduate, Visiting Scholar, Clergy, Volunteer, Industrial/Contractor, Family, UCSD Employee ID #, Department, UCSD Employee name, Affiliate Number, 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

REQUIRED

Authorizing Department MUST sign this form. Questions? Please call 858-534-6606
Billing Instructions: Please include recharge budget index or applicant makes cash payment.

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