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 ($10.00 replacement charge)

Employee Classification (Select ONLY ONE category)

☐ Academic  ☐ Staff  ☐ UC –Retiree

☐ Lifetime

E To request “E” Emergency Access, please visit: blink.ucsd.edu/go/ecard

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

☐ Visiting Undergraduate  ☐ Visiting Graduate  ☐ Visiting Scholar

☐ Clergy  ☐ Volunteer  ☐ Industrial/Contractor

☐ Family  UCSD Employee ID # __________________________  Department __________________________

UCSD Employee name __________________________

Affiliate Number (number generated by card office)

# __________  End date: __________

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

Applicant Signature: __________________________________________  Date: __________

(Must be signed in presence of Campus Card Official)

Authorization Department MUST sign this form.

Billing Instructions: Please include recharge budget index or applicant makes cash payment.

E $21.00/$10.00 CASH Payment (Must pay at Central Cashier’s Office first - located on 1st floor, Suite 170)

Authorized Person Signature __________________________________________

Printed Name __________________________  Date: __________  Phone Ext. __________

☐ Department Budget Index ______/____/____/____/____/____/____ OR $21.00/$10.00 CASH Payment

CC OFFICE ONLY:

Verification of Dept Signature __________________________  Date __________  Staff Initials __________________________

Verification of ID  ☐ Driver’s License  ☐ Passport  ☐ Other __________________________