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)  Questions? Please call 858-534-6606

☐ Academic    ☐ Staff  ☐ UC –Retiree  ☐ Lifetime

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 (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 ________________

REQUIRED

Authorizing Department MUST sign this form.

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

Authorized Person Signature __________________________

Printed Name __________________________ Date ________________

☐ Department Budget Index ___/___/___/___/___/___/___ OR ☐ $21.00/$10.00 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 __________________________