

Campus Cards Request 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

Employee Completes

Employee

Information:

Last Name

First Name

Middle Initial

Employee Number

Department

Start Date

Reason for Request:

- First Card (\$21) Lost (\$21) Damaged (\$21) Name Change (\$21) Stolen

Employee or Affiliate?

- Employee Affiliate

Employee Classification (Select One)

<input type="checkbox"/> Academic	<input type="checkbox"/> Staff	<input type="checkbox"/>  <i>To request "E" Emergency Access, please visit: blink.ucsd.edu/go/ecard</i>
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Affiliate Classification (non-employees select one)

<input type="checkbox"/> Visiting Undergraduate	<input type="checkbox"/> Visiting Graduate	<input type="checkbox"/> Visiting Scholar
<input type="checkbox"/> Clergy	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Industrial/Contractor
<input type="checkbox"/> UC -Retiree <input type="checkbox"/> Lifetime		
<input type="checkbox"/> Family	UCSD Employee ID # _____ Department _____ UCSD Employee name _____	
Affiliate Number (number generated by card office)		
# / / / / / / / / / /		End date: _____

I certify that the data on this form is correct. I agree to make a cash payment if my department does not cover the cost of the ID card.

Applicant Signature _____ Date _____

Department Completes

Billing Instructions: Please include department Chart of Accounts information (see below) or applicant makes cash payment.

Authorized Person Signature Printed Name Date Phone Ext.

Department Chart of Accounts

OR

Project Task Funding Source
(if applicable)

CASH Payment