



YOUR UCSD PRINT RESOURCE CENTER

PHONE: 4-2534 FAX: 4-8811 MAIL CODE: 0175-I

Application for a Department "Green" Copy Card.

Please print or type

The following two lines are for the information you want on the front of the card:

Department Name (NO MORE THAN 20 CHARACTERS)

Employee's Name or Lab Name (NO MORE THAN 20 CHARACTERS, optional)

AUTHORIZED INDEX NUMBERS: (required)

Three horizontal lines for authorized index numbers.

Check box: Please check here if this is replacement card. To cancel a card, we must have the card number and exact name.

Old card # 4 _____ name on card _____

PLEASE NOTE THIS WILL AUTOMATICALLY CANCEL OLD CARD

THERE IS A \$5.00 CHARGE FOR ALL CARDS

Index _____ Date _____

Print Name _____ Phone Ext _____

Fax Num _____

Authorized Signature _____ Mail Code _____

Processing Unit Only - CARD NUMBER ISSUED: _____

Sent To: _____

On: _____

Date Billed: _____

Int: _____