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: |

<table>
<thead>
<tr>
<th>Employee Number</th>
<th>Department</th>
<th>Start Date</th>
</tr>
</thead>
</table>

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
☐ Post-Doc  ☐ Staff
☐ UC –Retiree  ☐ Lifetime

OR

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: ____________________________ (Must be signed in presence of Campus Card Official) Date ________________

Authorized Person Signature ____________________________ Printed Name ____________________________ Date ________________ Phone Ext. ________________

☐ 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 ____________________________

Authorized Department MUST sign this form.

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