**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/T/U/W 8:00am-4:30pm TH 10:00am-4:30pm**

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**Instructions:** Authorizing Department completes this form on behalf of the applicant. Applicant MUST present valid form of identification to receive Campus Card.

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**Request for:**  
**Last Name**  
**First Name**  
**Middle Initial**

**Employment Information:**  
**Employee Number**  
**Department**  
**Start Date**

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**Reason for Request** (select one)  
- [ ] First Card  
- [ ] Department Change  
- [ ] Name Change  
- [ ] Lost  
- [ ] Stolen  
- [ ] Damaged

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**Employee Classification** (Select ONLY ONE category)  
- [ ] Academic  
- [ ] Staff  
- [ ] UC –Retiree

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**OR**

**Affiliate Classification** (Non-Employees - Select ONLY ONE category)  
- [ ] Visiting Undergraduate  
- [ ] Visiting Graduate  
- [ ] Visiting Scholar

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- [ ] Clergy  
- [ ] Volunteer  
- [ ] Industrial/Contractor

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**Family**  
**UCSD Employee ID #**  
**Department**

**UCSD Employee name**

**Affiliate Number** (number generated by card office)  
#/#/#/#/#/#/#/#/#/#/  
**End date:** ______________

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**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**

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**REQUIRED**

**Authorizing Department MUST sign this form.**  
**Billing Instructions:** Please include recharge budget index or applicant makes cash payment.

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**Authorized Person Signature**  
**Printed Name**  
**Date**  
**Phone Ext.**

- [ ] Department Budget Index  
  #/#/#/#/#/#/#/#/#/#/#/  
  OR  
  **$21.00 CASH Payment**  
  (Must pay at Central Cashier’s Office first - located on 1st floor, Suite 170)

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**CC OFFICE ONLY:**  
**Verification of Dept Signature**  
**Date**  
**Staff Initials**

**Verification of ID**  
- [ ] Driver’s License  
- [ ] Passport  
- [ ] Other

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