



Campus Card Identification Request/Change Form

Student Services Center, 3rd floor, Suite 354 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 sign and date the form in the presence of a Campus Card Official. Questions? Please call 858-534-6606

Request for: _____
Last Name First Name Middle Initial

Employment Information: _____
Employee Number Department Start 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

Employment Classification (Select only one category)		Questions? Please call 858-534-6606
<input type="checkbox"/> Academic <input type="checkbox"/> Post-Doc	<input type="checkbox"/> Staff	<input type="checkbox"/> UC –Retiree <input type="checkbox"/> Lifetime
Affiliate Classification (Select only one category)		Questions? Please call 858-534-6606
<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"/> Family UCSD Employee ID # _____ Department _____ UCSD Employee name _____		
Affiliate Number (number generated by card office) #/ / / / / / / / / / End date: _____		
Is Employee currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No PID # A/ / / / / / / / /		
Reason for Request (select one)		

- First Card
 Reprint
 Name Change
 Lost
 Stolen
 Damaged

REQUIRED

Authorizing Department must sign this form. Questions? Please Call 858-534-6606
Billing Instructions: Please include recharge index or cash payment

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

Department Budget Index ____/____/____/____/____/____/____/____ OR \$15.00 Cash Payment
(Receipt required from Cashiers)

CC OFFICE ONLY:
Verification of Dept Signature _____ Date _____ Staff Initials _____
Verification of ID Driver's License Passport Other _____