UC San Diego

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: _0 / 0 / 0 /__/__/__/__/__/_____
Employee Number Department Start Date

Reason for Request (select one)

☐ First Card ☐ Department Change ☐ Name Change ☐ Lost ☐ Stolen ☐ Damaged ($10.00 replacement charge)

Employee Classification (Select ONLY ONE category)		Questions? Please call 858-534-6606
☐ **Academic**	☐ **Staff**	☐ **UC –Retiree** ☐ Lifetime

E *To request "E" Emergency Access, please visit: blink.ucsd.edu/go/ecard*

Affiliate Classification (Non-Employees - Select ONLY ONE category)		Questions? Please call 858-534-6606
☐ 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

REQUIRED

Authorizing Department MUST sign this form. **Questions? Please call 858-534-6606**
Billing Instructions: Please include recharge budget index or applicant makes cash payment.

_____
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 _____