



# The University of Alaska Southeast Identification Card Request and Change Form

OFFICE USE

Card # \_\_\_\_\_

Instructions: Requesting Card Holder and Authorized Signer must complete this form (printed information only, except signatures). Requesting Card Holder must then submit this form, along with appropriate access request(s), to the student activities office for student ID issue. The student activities office is located on the first floor of the Mourant Building.

**Request for:** \_\_\_\_\_

Last Name

First Name

Init

Last Four of SSN#

### New and Replacement Cards

- New ID — New Student, Staff, Faculty, Other
- Replacement Card — \*Lost
- Replacement Card — \*\*Stolen

- Student
- Staff
- Faculty
- Plant

Temp: \_\_\_\_\_  
(type)

### Change Name or Status

- Name Change — Proof of change must be shown
- Position Change — Major classification change; affects identification

### Implement Access

- Implement Access — Grant access must include explanation below or submit Electronic Access Form

Building/Room: \_\_\_\_\_ Purpose of Access : \_\_\_\_\_  
Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hrs. of Access: \_\_\_\_\_

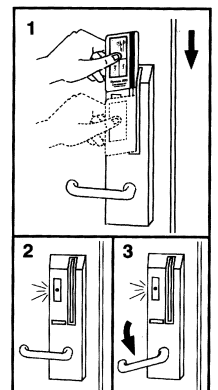
Signature: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Dean/Director Approval) Date

**PHYSICAL PLANT USE:**

Emp. Verified: \_\_\_\_\_

Date Activated: \_\_\_\_\_

I certify that the information and photograph provided and contained on my University of Alaska Southeast identification card are accurate and correct. I am ultimately responsible for the use of my identification/electronic access and will safeguard it against use by others. I understand this student I.D. is the property of UAS and if this card is lost or stolen I must immediately report the incident to the UAS Physical Plant (465-6496) and will pay for its replacement. For cost of replacement see ID issue station or department granting electronic access.



Requested by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Card Holder-must be signed)

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Department of Employment/ID issuer)

Issuing Agent: \_\_\_\_\_ Dept: \_\_\_\_\_ Account Code: \_\_\_\_\_—9803—

- \* Requires payment for replacement. Departments may authorize the issuing station to charge an appropriate account by signing above. Card holders may pay individually at cashier and submit receipts to ID issue station.
- \*\* Requires payment for replacement. For payment amount on ID re-issue see ID issue station.