



THE UNIVERSITY OF GEORGIA

# ID Card Request

Category: \_\_\_\_\_

DEPARTMENT

NAME: \_\_\_\_\_

Last First MI Gender Date of Birth

SSN/UGA ID# \_\_\_\_\_ SSN required for all new UGACards. SSN will not appear on card. If known, UGA ID# may be used for re-makes. \_\_\_\_\_

Individual will be required to pay if Departmental Charge information (Account name, number, billing information) is not completed, including signature. **No refunds or adjustments if individual brings Dept. charge form after paying for ID or if wrong card type is requested.**

Payment Method: \_\_\_\_\_ Card Type: \_\_\_\_\_

Accessories: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Send Bill To: \_\_\_\_\_ Campus Mail Address: \_\_\_\_\_

Approved By: \_\_\_\_\_ Approver MyID: \_\_\_\_\_ Phone: \_\_\_\_\_

**This Request will not be accepted without Approving signature and MyID.**

UGACard Office Use Only

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_ PROX # \_\_\_\_\_



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