



THE UNIVERSITY OF GEORGIA

ID Card Request

Category: _____

DEPARTMENT

NAME:

Last

First

MI

UGA ID# _____

Date of Birth _____

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: _____

****\$15.00 upgrade REQUIRES turn-in of old card, no exceptions.**

Accessories: _____

Acct Name: _____

Chart String: _____

Fund: _____

Dept: _____

Program: _____

Class: _____

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

RECEIPT #:

Entered By: _____

Date: _____



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