POLYCARD REQUEST FORM

Hours: Call us or check online at http://polycard.calpoly.edu
Location: Inside Light House Atrium, Building 19.
Phone: (805) 756-2614 or (805) 756-5939
E-mail: polycard@calpoly.edu

1. Personal Information *Please Print*

Calpoly E- Mail: _____ **@calpoly.edu**

Last Name: _____

First Name: _____ **Middle Initial:** _____

2. Please select the type of ID you need:

Undergraduate ☐	Rec. Center Member ☐	Badge ☐
Graduate ☐	Emeritus ☐	Foundation ☐
State (Faculty/Staff) ☐	Continuing Education ☐	ASI ☐

3. Is this your first ID card? Yes ☐ No ☐

If NO, please answer below:

Lost Card	☐	**$5.00**
Change of Name or ID #	☐	**$5.00**
Damaged Card	☐	**$5.00 No Fee** if old card is returned
Status Change (academic or employment)	☐	**$5.00 No Fee** if old card is returned

For Office Use Only:

Date: _____ **Time:** _____ **AM** **PM** (Circle one)

☐ No Fee ☐ Check ☐ Campus Express
☐ Cash ☐ Credit Card ☐ State Cashiers

☐ Payment received ☐ ID Produced
☐ ID Verified Initial: _____