



# REPLACEMENT ID BADGE REQUEST

Name: \_\_\_\_\_  
Program: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Request Date: \_\_\_\_\_

**A \$5.00 replacement fee will be assessed for lost, stolen, or damaged cards. The fee must be collected at the time of request for the replacement badge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For School Office Use Only:**

Fee collected by: \_\_\_\_\_ Date: \_\_\_\_\_  
Replacement made by: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to Registrar after replacement badge has been given to the student.

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