

Card Agreement Form



Please print.

Name

Last

First

Middle (full)

University Identification Number (UIN) _____

Phone Number (For contact if card is found) _____

Select ID Type (check only ONE box).

<p>Chicago</p> <input type="checkbox"/> Student <input type="checkbox"/> Faculty or Staff <input type="checkbox"/> Hospital Resident <input type="checkbox"/> Emerita or Emeritus <input type="checkbox"/> Retiree <input type="checkbox"/> Extra Help or Visitor <input type="checkbox"/> Satellite Campus _____ <input type="checkbox"/> Other	<p>Springfield</p> <input type="checkbox"/> Student <input type="checkbox"/> Faculty or Staff <input type="checkbox"/> Student at Peoria <input type="checkbox"/> Extra Help or Visitor <input type="checkbox"/> Retired Faculty or Staff <input type="checkbox"/> Emerita or Emeritus <input type="checkbox"/> Other	<p>Urbana</p> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> College of Law <input type="checkbox"/> College of Medicine <input type="checkbox"/> School of Music <input type="checkbox"/> Veterinary Medicine <input type="checkbox"/> Faculty or Staff <input type="checkbox"/> Extra Help or Visitor <input type="checkbox"/> Retiree, Academic <input type="checkbox"/> Retiree, Non-Academic <input type="checkbox"/> Emerita or Emeritus <input type="checkbox"/> Research Park <input type="checkbox"/> Other
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I understand that:

- This card is the property of the University of Illinois, and I must return it to a Campus ID Center upon leaving the University or upon request.
- Card data, including but not limited to the UIN, card number, and photo, may be used for University purposes.
- This card is issued to assist in the identification of the valid cardholder and is to be presented on request for securing privileges offered to me.
- This card is valid only while I am a registered student, active University employee, University retiree, or until the card expires or is revoked.
- This card is non-transferable and does not authorize me to obligate the University of Illinois in any way.
- Altering or intentionally damaging my ID card, using another person's ID card, or allowing my card to be used by another person may result in disciplinary action and confiscation of my card.
- I am responsible for paying any replacement fee when my ID card is lost, stolen, confiscated, intentionally damaged or when any information is changed at my request.
- I should notify a Campus ID Center immediately if this card is lost or stolen. If a confiscated, surrendered, lost, stolen, or otherwise damaged card has a balance on the value stripe (Chicago and/or Urbana), there is no guaranteed refund on the unused balance on the card.
- I am responsible for notifying a Campus ID Center to deactivate the online functionality of the ID card (Dragon Dollar\$, Campus Cash or Meal Plans) should my card be lost or stolen.
- **CHICAGO and URBANA only:** I understand and agree that if I link my i-card to a TCF Bank account I am releasing my UIN (as part of my card number) to TCF Bank. Also, I am responsible for notifying TCF Bank if my linked card is lost or stolen.

Acceptance Agreement

I have read the above information and, by my signature below, I certify that I fully understand and accept the responsibilities associated with this University of Illinois ID card.

Signature _____

Date _____

Office Use Only		
<p>Form of ID used to verify identity</p> <input type="checkbox"/> US Driver's License ID # _____ <input type="checkbox"/> US State ID <input type="checkbox"/> US Passport <input type="checkbox"/> US Military Notes:	<input type="checkbox"/> Canadian Driver's License <input type="checkbox"/> Canadian Province/Territory ID <input type="checkbox"/> Foreign Passport <input type="checkbox"/> I-551 Permanent Resident ID <input type="checkbox"/> Other ID _____ Printer Used _____	<p>Proof of Affiliation</p> <input type="checkbox"/> Class Schedule FAL SPR SUM <input type="checkbox"/> Letter from Unit <input type="checkbox"/> Contract <input type="checkbox"/> HR Verification <input type="checkbox"/> i-card Database Record
<p>Card Operation</p> <input type="checkbox"/> New or <input type="checkbox"/> Update <input type="checkbox"/> Replacement CRDT DBT CASH <input type="checkbox"/> Status Change <input type="checkbox"/> Changed Name <input type="checkbox"/> Same photo (no ID) <input type="checkbox"/> Extension Expiration Date _____		