

AGGIECARD

Student AggieCard Request

Personal Information

Student ID Number _____ Email Address _____
Name _____ Phone _____

Academic Level

- Undergraduate
- Graduate Graduate School of Management
 School of Education
 School of Law
 School of Medicine
 School of Nursing
 School of Veterinary Medicine
- First AggieCard Replacement AggieCard Preferred Name Exchange

I understand the fee for a replacement AggieCard is \$15. This fee is charged to my UC Davis student account. It is my responsibility to pay this fee according to Student Accounting payment schedules.

Student's Initials (Required) _____

I certify that I am the above named person and the information I have provided is accurate.

Student Signature _____ Date _____

A "wet" or ink signature is required; an electronic signature will not be accepted because it cannot be authenticated by the university.

Office Use Only

Currently Enrolled? Yes No

Student Charged? Yes; MyInvoice number _____ No; New Student Only

Initial _____ Date _____