

REQUEST FOR REPLACEMENT

Alvernia University

Identification Card

Reason for Replacement: **LOST**

Date: _____

Name: _____

Alvernia Student #: _____

Signature: _____ Date: _____

By signing this form you are acknowledging that you have lost your Alvernia University Identification Card and have requested a replacement card. As the result of your request and subsequent reissuance of the card, a charge of \$5.00 will be placed on your University account.

Replacement Card Issued By: _____ Date: _____