

For Office Use
Only

ID REPLACEMENT FORM

**Indicates fields that MUST BE COMPLETED in order for the form to be processed*

*Student ID #	Check relevant semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Year (ie 2014)
A. PERSONAL INFORMATION		
*Last Name	*First Name	
*Program (ex Business)	Phone Number ()	
*University of Guelph-Humber Email _____@guelphhumber.ca		

B. *REPLACEMENT INFORMATION			
Date Lost		Date Reported:	
Reported In Person <input type="checkbox"/>	Reported by Phone <input type="checkbox"/>	Reported by Email <input type="checkbox"/>	Other <input type="checkbox"/> _____

C. APPLICANTS ACKNOWLEDGEMENT	
*Applicant Signature:	Date:

D. OFFICIAL USE	
Date & Time Deactivated at the Library:	Replacement Charge: <input type="checkbox"/> YES <input type="checkbox"/> NO
Notes:	
Approval Signature	Date

Date Processed
