SAINT CHARLES BORROMEO SEMINARY

Office of Safety & Security

Identification Card Application

Please Type or Print all information and return form to the Safety Office

NAME _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____

WORK PHONE _____

_____

CATEGORY: (Please Check One Box Only)

STUDENT: College Division   STAFF

STUDENT: Theology Division

My signature affirms that the information provided is true and accurate to the best of my knowledge.

_____   _____

Signature   Date

AREA FOR OFFICE USE ONLY

PIN	PERMIT NUMBER	ISSUE DATE	EXPIRATION DATE

Please initial here upon receiving your Identification Badge: _____ Date _____

Ten Dollar ($10) replacement fee for lost or damaged Identification Card.