COPY CARD REQUEST

For Winona State University Accounts

Check one of these:	Add Delete	e Change	
Then check one of these	: Du Daw D	New Departmental or Stu	dent Group Card
center listed below. Please		ch person (if you are reques	University Copy Card for the cost sting the activation of a WSU ID card)
Completed forms must be	submitted to the Campus C	ard Office, Maxwell 233.	
Applicant Name:			
Applicant Tech ID:		(If	activating WSU ID card)
Campus Phone #:			
Campus Address:			
Email Address:			
Cost Center Name:			
Cost Center #:			
requesting a card. Applicant's signature	the copy card are the dir	Date	ndividual, group, or organization
Supervisor or Advisor Signa (Must be the signature of the p for cost center budget.)		Date	
For office use only:			
Campus Card Office Autho	rized:		
Patron ID #:	Assigned by:		Printed by:
Picked up by:			
 Name		ure	 Date