



Personal Information

Student ID Number _____ Email Address _____

Name _____

Local Address _____

City/State/Zip _____ 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 will be 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.

Signature _____ Date _____

Office use only

Currently enrolled Yes No

Student charged Yes; MyInvoice number _____ No; new student only

Initial _____ Date _____

Student AggieCard Request Form