



**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**