



STUDENT APPLICATION

USF ID#: U _____

Name (Please Print): _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Card Holder Responsibilities

- A. Use of the USFCard by anyone other than the person to whom it was issued is strictly prohibited.
- B. The cardholder is subject to disciplinary actions or other penalties for improper use of the card.
- C. The cardholder is responsible for any and all losses associated with his/her card.
- D. Punching holes, marking on the card, or adding stickers to the card is strictly prohibited.

USFCards are the property of the University of South Florida and must be returned upon request. I understand and accept the responsibilities associated with the USFCard and certify the above information is correct.

By signing below, you authorize the USF Card Office to bill your OASIS student account for the cost of your USF ID Card (\$10 for new, \$15 for a replacement) and agree to the Terms of Usage of OASIS.

Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

CHECK ONE: FIRST CARD(\$10) LOST(\$15) STOLEN(\$15) DAMAGED(\$15)

Inoperative Card: Issued Replacement Card Re-Encode Magstripe Information Change

ID Presented: Drivers License Passport Military ID State ID Other: _____

Initials of Verifier: _____