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ID Card Request

Please complete indicated fields and follow instructions to request a new or replacement ID.

Date: **Request type:** Category: Replacement* New Student Faculty Staff * ID replacement charge may be applied **Replacement Reason: EMPLID** # ID type: **Off-Campus Student** SLU Staff **Registered Student** Other Authorized Personnel Middle Initial: Last Name: **First Name:** DOB: **Campus email:** Personal email: Phone number: Signature: Date: *For Internal Use Only* Proof of ID provided: Picture # Pick up date: