

T O D A Y ' S D A T E / /

I. RECIPIENT INFORMATION

Legal Name: PLEASE PRINT IN BLACK OR BLUE INK

Last	First	Full Middle Name
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Date of Birth:			Gender:		Social Security:		University ID Number:	
Month	Date	Year	Male	Female	-	-	9	- - - - -

Mailing Address:

Street Address, Apt. No., or PO Box			
City	State	Country	Postal Code

E-Mail Address:	Home Phone:	Mobile Phone:
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II. STATUS OF ONECARD RECIPIENT

LMU ID CARD

- | | |
|---|--|
| <input type="checkbox"/> FACULTY
<input type="checkbox"/> Professor
<input type="checkbox"/> Adjunct
<input type="checkbox"/> Emeritus
<input type="checkbox"/> Lecturer
<input type="checkbox"/> Teaching Fellow
<input type="checkbox"/> Visiting Professor
<input type="checkbox"/> Part-Time Faculty
<input type="checkbox"/> Graduate Assistant
<input type="checkbox"/> Special _____ | <input type="checkbox"/> STAFF
<input type="checkbox"/> Full Time, Regular
<input type="checkbox"/> Part Time, Regular
<input type="checkbox"/> Full Time, Temporary
<input type="checkbox"/> Part Time, Temporary
<input type="checkbox"/> Full Time Limited
<input type="checkbox"/> Part Time Limited
<input type="checkbox"/> OTHER
<input type="checkbox"/> Jesuit Community
<input type="checkbox"/> Jesuit Novitiate
<input type="checkbox"/> ROTC Staff
<input type="checkbox"/> Alumni
<input type="checkbox"/> Law Student |
|---|--|

AFFILIATE

-
- Board Member
-
-
- Regent
-
-
- LMU Gold Card Member
-
-
- Dependent
-
-
- Guest
-
-
- VIP
-
- VISITOR**
-
- Patron
-
-
- Burns Rec. Member
-
-
- Children Center
-
-
- Library Visitor
-
-
- Friends of LMU
-
-
- Other _____

VENDOR

- ON CAMPUS**
-
- Collegiate Press
-
-
- Follett Bookstore
-
-
- Sodexho Alliance
-
-
- Consultant
-
-
-
- Contractor
-
-
-
- Temp Agency
-
-
-
- Volunteer
-
-
- Intern
-
-
- Other _____

III. EXPIRATION DATE

Expiration Date: ____ / ____ / ____.

IV. DEPARTMENT AUTHORIZATION

This section must be completed by Human Resources, Department Chair, Director or Business Administrator to issue a OneCard to the recipient named above.

HUMAN RESOURCES APPROVAL

Print Name & Title	Signature	Campus Phone 8-	E-Mail Address @LMU.EDU
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DEPARTMENTAL APPROVAL

Print Name & Title	Signature	Campus Phone 8-	E-Mail Address @LMU.EDU
Print Name & Title	Signature	Campus Phone 8-	E-Mail Address @LMU.EDU

My Signature below indicates that I have read and agree to the terms and conditions governing the use of the LMU/LA OneCard.

Cardholder Signature _____ Date _____

Campus Business Services Use Only	
Processed by _____	Date _____