

Nighthawks Card Agreement

OFFICE USE ONLY			
First Card Lost/Stolen Damaged Picture Chg Name Chg	☐ State ☐ Federal ☐ Passport ☐ School ☐ 2 Factor Non-Photo		
VERIFIED BY:UNG CARD NUMBER	DATE:		

CLASSIFICATION (Please Constitution of Student Fac/Staff	,		
University ID Number	9 0 0		
First Name			M.I.
Last Name			
Phone Number			
I agree to the following	terms:		
request. There is a \$25.00 policies, and procedures as used for official campus ro	replacement fee. The s specified by UNG a oster photos or other ons by UNG will app	t be presented to any school re e cardholder agrees to abide by and Card Services. The Nighth r institutional identification pu oly to all cards in circulation at	y all rules, regulations, nawks photo may be rposes. Future changes
purpose. Failure to abide b Human Resources. I certif	by this policy may res by that I have received	ny use only and cannot be loan sult in disciplinary action by the da copy of the Terms and Coalung-card-office/terms-cond	ne Dean of Students or onditions, which are
SIGN		DATE	