



UB Card Form

Last Name:		First Name:	
UB Person Number:		Date:	

Student	First UB Card	Nursing Badge
Faculty/ Staff	Replacement Card	CDS Employee

UB Card Number 5081 - 2803 -		-	
New UB Card Number 5081 - 2803 -		-	
Chip Number			
Issue Date			

Fee:	\$	ID:
Payment Type:	Student Account	Campus Cash/FlexiBull Bucks

I have received my UB Card and will abide by the UB Card Policies and University regulations which govern its use. I agree to the terms and conditions of the Faculty Student Association (FSA) Dining and Campus Cash agreements and contracts regarding the use of the UB Card and its associated plans and services. Copies of the policy and contracts are available at the UB Card Office or online at myubcard.com ID Photos will be used by the State University of New York at Buffalo for approved educational and business purposes, including security and identification.

Your UB Card may not be altered in any way. Holes may not be punched nor cut in the card. Replacements for altered cards will be reissued at the cardholder's expense. This fee will not be waived. It is the cardholder's responsibility to keep the card in a manner to prevent damage. Your UB Card is non-transferrable.

Dining Points Deposit: (\$25 Increments)	\$
Academic Books & Supplies Deposit: (Maximum \$500 per day)	\$

Signature:
