

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	-	-	-	-	-	-
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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

AFFILIATE

VENDOR

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

- Board Member
- Regent
- LMU Gold Card
- VIP
- Dependent

- ON CAMPUS**
- Campus Digital Graphics
 - Follett Bookstore
 - Consultant
 - _____
 - Contractor
 - _____

VISITOR

- Patron
- Burns Rec Member
- Children's Center
- Library Visitor
- Friends of LMU
- Other _____

- Temp Agency
- _____
- Volunteer
- Intern
- Other _____

III. ONECARD EXPIRATION: YES NO

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. **Please bring a valid government photo ID (i.e., Driver's License, State ID or Passport) when presenting this form to the Campus Business Services | OneCard Office.** *Current Loyola Law School ID must be presented. **Degree must be awarded.

Cardholder Signature _____ Date _____

Campus Business Services Use Only

Processed by _____ Date _____