



# Northwestern State University

## Identification Card Request Form

NSU One Card Office  
Student Services Center, 3<sup>rd</sup> Floor  
Natchitoches, LA 71497  
Phone (318) 357-5131  
Fax (318) 357-5279  
[onecardoff@nsula.edu](mailto:onecardoff@nsula.edu)

**Instructions:** Please complete the form, sign, and return to the NSU One Card Office. Please print legibly. Note: Non-photo ID cards will be processed and mailed to the address of record on file with the university within five to seven business days.

### Cardholder Information

Name \_\_\_\_\_  
Last First Middle

Contact E-mail Address \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Campus Wide Identification Number \_\_\_\_\_  
This is not your Social Security Number

### Indicate Affiliation

Undergraduate Student       Faculty/Staff Member       Graduate Student

### Reason for Request

1<sup>st</sup> ID card request for Distance Learning Student  
 Replacement Card (\$20 replacement charge applied)

### Payment Information

Charge my NSU Student Account

**With the signature below, I authorize a charge to my account of not more than \$20.00 and that I agree to make payment to NSU Business Affairs on or before the next bill cycle due date. I understand that failure to comply with these terms could result in late charges, installment plan charges, and a hold being placed on my student account, as well as possible placement with a collection agency and reporting to a credit bureau.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Check Payable to Northwestern State University is enclosed  
 Please charge my: \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

### Signature

I certify that the information provided and contained on this form is accurate and correct. I understand that another form of identification will have to be presented along with the NSU ID card for campus use.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_