

ONU nonFaculty/Staff/Student ID Card Request Form

Name _____ Home Phone: _____

Address: _____ Cell Phone: _____

City/State/Zip _____

Type of Card Requested:

_____ Alumni _____ Faculty/Staff Spouse _____ Friend of ONU _____ Retiree

_____ RetireeSpouse _____ Sodex Spouse _____ Student Spouse _____ Other

If applying for an AlumniCard please list your Graduation Year: _____

Alumni must also have their status verified by the Alumni Office prior to visiting the Department of Public Safety

Verification Signature: _____ Printed Name: _____

If applying for a FacultyStaff, StudentRetiree, or SodexhSpouse ID Card please complete the following section:

Spouse's Name: _____ Spouse's Office Phone: _____