



Identification (ID) Request Form

Personal Information: (Please print)	
Name (Last, First Name)	ID No: (To be provided by Admin)
Department: <input type="checkbox"/> Secondary School <input type="checkbox"/> Primary School <input type="checkbox"/> Admin Office	Job Designation: (If applicable)
Select from the following (Check appropriate reason for request)	
Initial Request: <input type="checkbox"/> New Student <input type="checkbox"/> New Employee <input type="checkbox"/> New Parent Other reason: <input type="checkbox"/> _____	Replacement: <input type="checkbox"/> Name Change <input type="checkbox"/> Correction <input type="checkbox"/> Lost/Damage
For emergency cases, please contact: (Please print)	
Name (Last, First Name)	Relation:
Address:	Telephone No:
<p><u>Fee</u> The Initial request for an ID has no charge. However, replacement cards may be issued at an additional cost to the employee.</p> <p>Each additional replacement will cost ¥50.00. The request for a new ID should be reported to the registrar office, including an explanation regarding the circumstances surrounding the loss of the ID. A new request form must be presented before a replacement will be issued.</p> <p>Applicable fee must be paid at the Accounting before processing the new ID.</p>	¥ Payment received by: ID Processed by:
<p>I attest the above information to be true and accurate.</p> <p>Signature Date:</p>	
FOR ADMIN'S USE ONLY	
ID Card Released by:	Date:
<u>ID CARD RECEIVED BY:</u>	Date: