

# DukeCard Duke University Card Request Form

## **Applicant Receiving a DukeCard:**

Unique ID#: \_\_\_\_\_ **or** Net ID#: \_\_\_\_\_ (complete one)

Applicant's Name: \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Payment Method (check one):  Check  Bursar  Credit/Debit Card

*I certify that the information I have provided is correct and I agree to pay for this DukeCard via the method indicated.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Department Head, Manager or Payroll Clerk to Complete:**

Department Name: \_\_\_\_\_

Please, check if sponsored guest is a visiting scholar

Cost Object #: \_\_\_\_\_ Choose One:  WBSE  CC  PC  FUND

Approval Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Duke Unique ID#: \_\_\_\_\_

Please check for additional requests:

Prox card needed

Split Pay (Employee & Department)

iClass card needed

Meal plan assignment: \_\_\_\_\_  
(Dining Use Only)

## **DukeCard Office Use Only:**

ID Type: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_